

PHYSICIAN
& CORONER

John Aaron
Town

CERTIFICATE OF DEATH

Died at Leamington Town

County

MARYLAND

Date of death 1905

Day
72

Age 49 Years

Months
2

Days

Sex Male

Color or Race

Wm. L.

Birth-
place

Jefferson Co Pa

Occupation *Green Dealer*

Where Residing if not
at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband

Katie Mason

Father's Name _____

Father's Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving information Kalu Aaron

How related to deceased Wife

CAUSES OF DEATH

Primary Cardiac Asthma

How long 3 weeks

Immediate Synerfa
Are the name, age, sex, color, date

How long few minutes

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

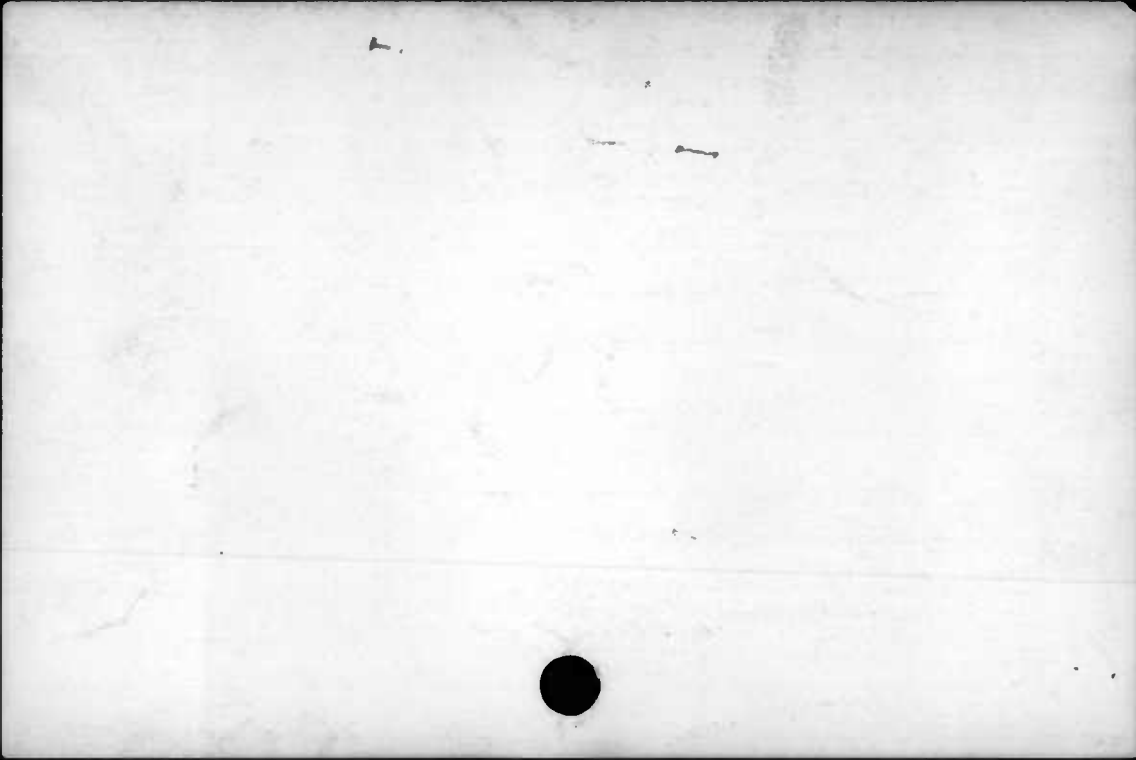
Address

Address Dr. B. Z. da

Accident or Suicide?

Camp Mead

LIBRARY BUREAU ADDRESS



Name
in
Full

CERTIFICATE OF DEATH

Dorothy Mc Kenzie Anderson

Town

County

MARYLAND

Died at *Cumt*

Date

Month

Day

Years

Months

Days

of death *1905 June 26*

Age

6

Sex

Female

Color or
Race

White

Birth-
place

Baltimore

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

H. A. Anderson

Father's
Birthplace

Ma

Mother's
Maiden Name

Flozie Mc Kenzie

Mother's
Birthplace

MD

Name of person giving
Information

11

11

How related
to deceased

mother

CAUSES OF DEATH

TOP

Primary

Cholera Infantum

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr J J Wilson

Address

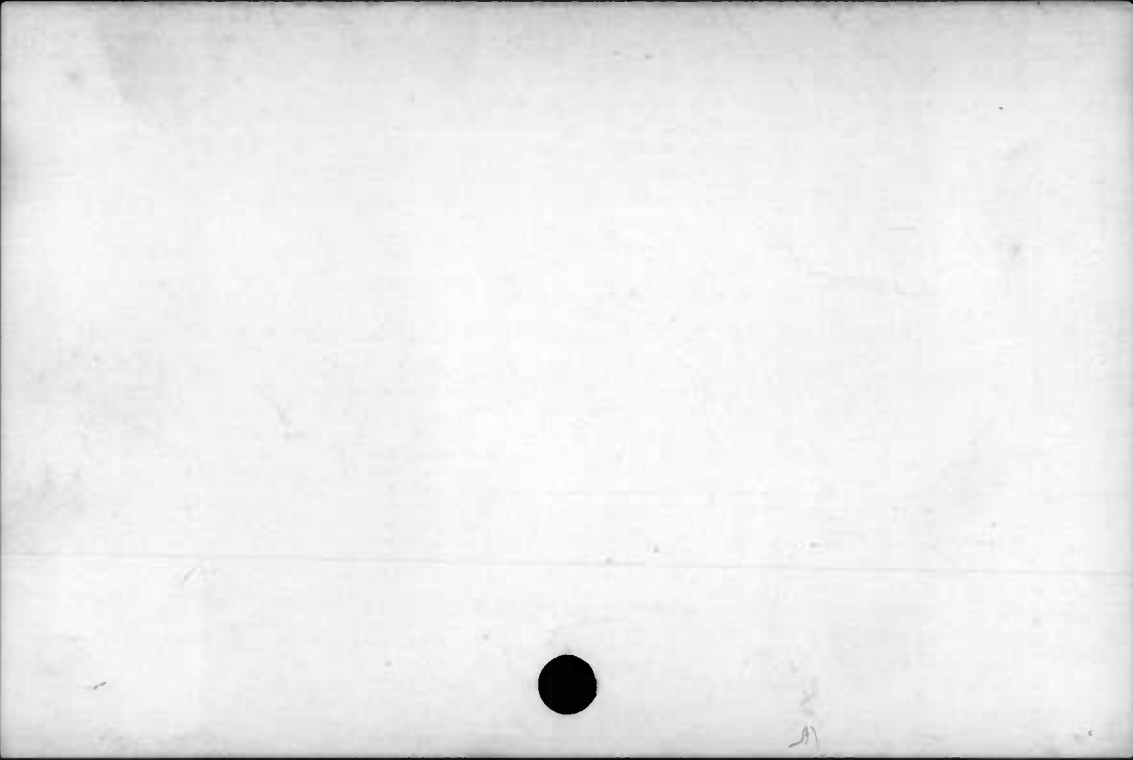
*Dr. J. J. Wilson
2000
Md.*

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Millard Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|------------------|--------------------|-------------------------|---|-------------|-------------------------|-----------|
| Died at | | Town Cumberland | | County Allegh. | | MARYLAND | |
| Date of death | | Month 5 June | Day 15 | Years 2 | Months — | Days 14 | |
| Sex | male | | Color or Race | Colored | | Birth-place | md |
| Occupation | none | | | Where Residing if not at place of death | | — | |
| Married, Single or Widowed | single | | Name of Wife or Husband | | none | | |
| Father's Name | Millard Anderson | | | | | Father's Birthplace | Va |
| Mother's Maiden Name | — | | | | | Mother's Birthplace | — |
| Name of person giving information | G.S. Butler — | | | | | How related to deceased | Attendant |

CAUSES OF DEATH

| | | | | | |
|----------------------|--|------------|-------------|----------|-------|
| PHYSICIAN CORONER | Primary | Pneumonia | | How long | 3 wks |
| | Immediate | Exhaustion | | How long | 3 wks |
| | Are the name, age, sex, color, date and place correctly given above? | | yes | | |
| | Signature of Physician | | O. H. Brace | | |
| Address | | Cumd — md | | | |
| Accident or suicide? | | | | | |



Name
in
Full

Franklin Edward Baker

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cumberland

Date

Month

Day

Years

Months

Days

of death

1905

June

22

Age

—

4

27

Sex

Male

Color or
Race

White

Birth-
place

Cumberland

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Reuben E. Baker

Father's
Birthplace

W. Va.

Mother's
Maiden Name

Dora L. Davis

Mother's
Birthplace

Md.

Name of person giving
Information

Fannie Davis

How related
to deceased

Aunt

CAUSES OF DEATH

Primary

Indigestion & Heart

How long

1 week

Immediate

Convulsions & Epilepsy

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Geo. L. Broadbent

Cumberland

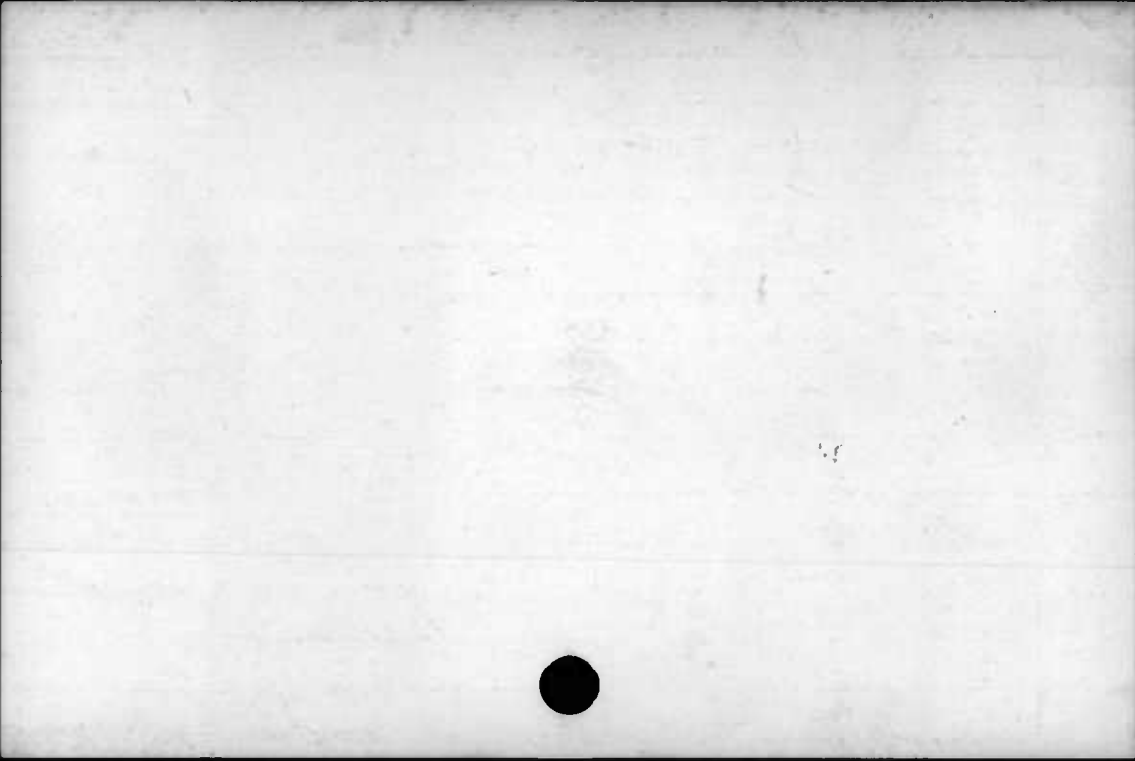
Accident or Suicide?

No

Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

Sarah Baker

CERTIFICATE OF DEATH

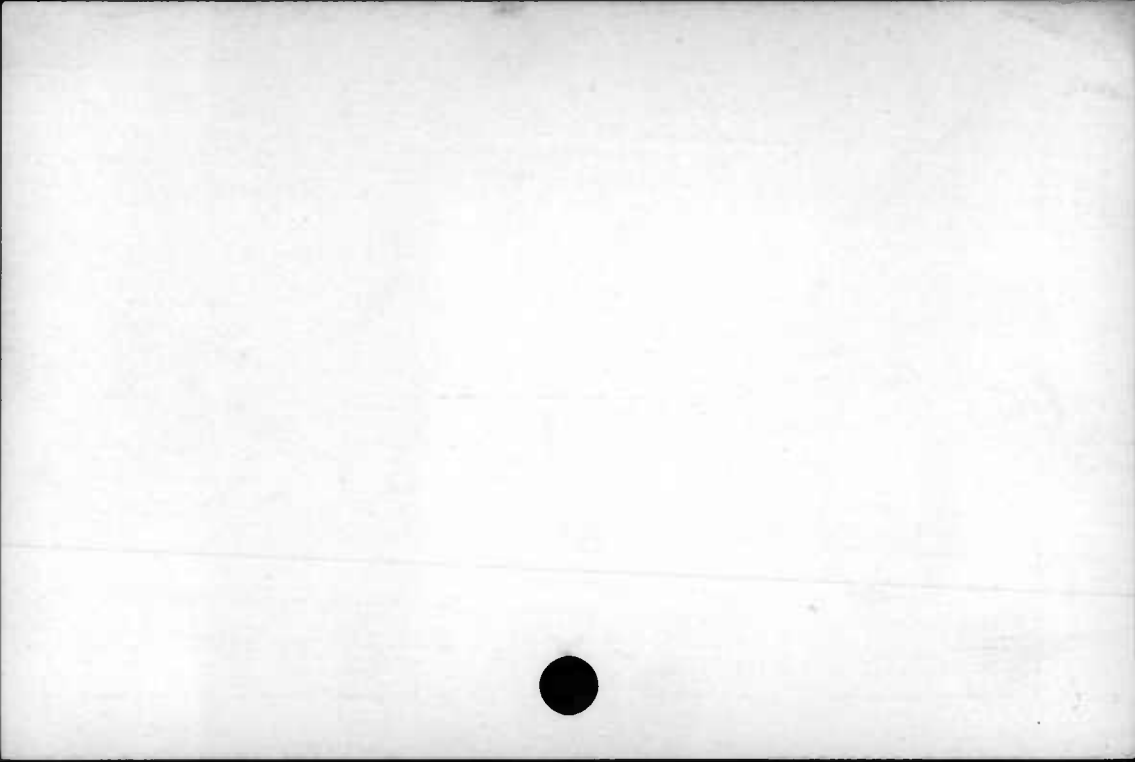
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|---|--|---------------------------|--|
| Died at | | Town <i>Midland</i> | | County <i>Allegany</i> | | MARYLAND | |
| Date of death 1905 | | Month <i>June</i> | | Day <i>13</i> | | Age Years <i>61</i> | |
| | | | | | | Months <i>2</i> | |
| | | | | | | Days <i>3</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth- place <i>Wallerburg Pa</i> | | | |
| Married, Single or Widowed <i>Widowed</i> | | Occupation <i>Housewife</i> | | | | | |
| Name of Wife or Husband <i>Cobatham Baker</i> | | | | | | | |
| Father's Name <i>John Hiner</i> | | Father's Birthplace <i>Germany</i> | | | | | |
| Mother's Maiden Name <i>Rebecca Johnson</i> | | Mother's Birthplace <i>Pa</i> | | | | | |
| Name of person giving In formation <i>Wm E. Baker</i> | | How related to deceased <i>son</i> | | | | | |

CAUSES OF DEATH

| | |
|---|---|
| Primary <i>Heart disease Asthma</i> | How long <i>Several years</i> |
| Immediate <i>Mitral insufficiency</i> | How long <i>6-8 months</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>A. G. Smith</i> |
| | Address <i>Midland Md</i> |
| Accident or Suicide? <i>_____</i> | |

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---------------------------------------|--|--|--|--|--|
| Name <i>Helen Barry</i> | | Town <i>Smaconey</i> | | County <i>Allegheny</i> | | MARYLAND | |
| Died at | | Month <i>June</i> | | Day <i>7</i> | | Age Years <i>—</i> Months <i>2</i> Days <i>25-</i> | |
| Date of death <i>1905</i> | | Sex <i>Female</i> | | Color or Race <i>white</i> | | Birth-place <i>Smaconey -</i> | |
| Occupation <i>—</i> | | | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>John Barry</i> | | Father's Birthplace <i>Smaconey</i> | | | | | |
| Mother's Maiden Name <i>Matilda Roel</i> | | Mother's Birthplace <i>Smaconey</i> | | | | | |
| Name of person giving information <i>Mrs John Barry</i> | | How related to deceased <i>Mother</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--|--|--|
| Primary <i>Enterocolitis</i> | | How long <i>one week</i> | |
| Immediate <i>Cerebral-meningitis</i> | | How long <i>3 days -</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>James A. Bullock</i> | |
| | | Address <i>Smaconey</i> | |
| Accident or Suicide? <i>no</i> | | <i>Maryland</i> | |



TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|--------------------------|------------------|--|-------------------------|--------------------|-------------------|
| Died at | | Town <i>Frostburg</i> | | County <i>Allegheny</i> | | MARYLAND | |
| Date of death | 1905 | Month <i>6</i> | Day <i>16</i> | Age | Years <i>75</i> | Months <i>3</i> | Days <i>13</i> |
| Sex | <i>M.</i> | | Color or Race | <i>W.</i> | | Birth-place | <i>Germany.</i> |
| Occupation | <i>Miner</i> | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | <input checked="" type="checkbox"/> Single | | | Name of Wife or Husband <i>Ella Brode</i> | | | |
| Father's Name | <i>Conrad Brode</i> | | | | Father's Birthplace | <i>Germany</i> | |
| Mother's Maiden Name | <i>Elizabeth Kropp</i> | | | | Mother's Birthplace | <i>Germany.</i> | |
| Name of person giving information | | | | | How related to deceased | <i>Wife</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------|---|------------------|
| Primary | <i>Paralysis</i> | How long | <i>16</i> |
| Immediate | | How long | <i>Few hours</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>Dr. W. M. Lane</i> | |
| | | Address <i>Frostburg Md</i> | |
| Accident or Suicide? | | | |

FFx Under

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Eliza Ellen Brown

Town *Ellersie* County *Alle*

Died at *Ellersie*

MARYLAND

Date of death *1905 June 4* Age *30* Months *2* Days

Sex *Female* Color or Race *White* Birth-place *West Va*

Occupation *house wife* Where Residing if not at place of death *Ellersie Md*

Married, Single or Widowed *Married* Name of Wife or Husband *Robert Brown*

Father's Name *William J Benson* Father's Birthplace *West Va*

Mother's Maiden Name *Sarah Bezards* Mother's Birthplace *West Va*

Name of person giving Information *Robert Brown* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

1

Primary *Consumption* How long *2 yrs*

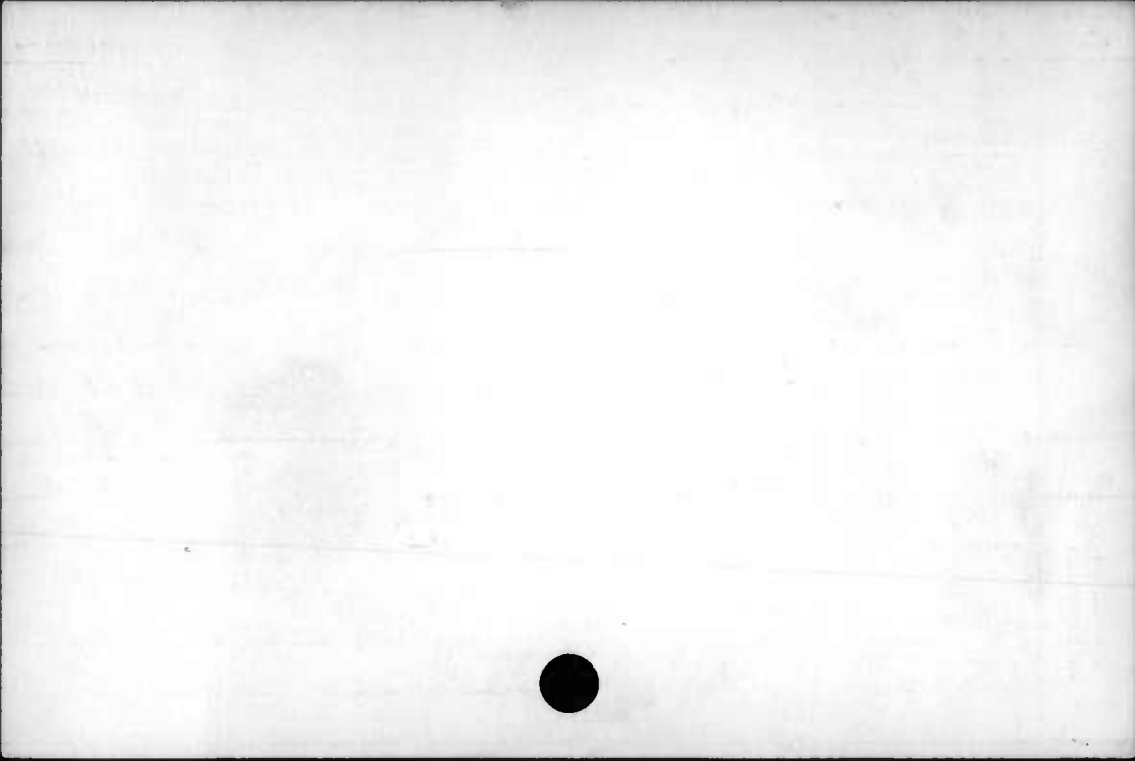
Immediate *exhaustion* How long *-*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr Carl Smith*

Address *Ellersie*

Accident or Suicide? *West Va*



Name
in
Full

William Clark

CERTIFICATE OF DEATH

MARYLAND

| | | | |
|---|---------------------------------------|---|--|
| Died at <u>Lanham</u> Town <u>Allegany</u> County | | Months <u>40</u> Days <u>—</u> | |
| Date of death <u>1905 June 13</u> | Age <u>64</u> | Birth-place <u>Lanham</u> | |
| Sex <u>Male</u> | Color or Race <u>White</u> | Where Residing if not at place of death <u>Lanham</u> | |
| Occupation <u>School Boy</u> | Name of Wife or Husband <u>—</u> | | |
| Married, Single or Widowed <u>Single</u> | Father's Name <u>John Clark</u> | | |
| Father's Birthplace <u>Maryland</u> | Mother's Birthplace <u>Frederick</u> | | |
| Mother's Maiden Name <u>Mary L. Platter</u> | How related to deceased <u>Father</u> | | |
| Name of person giving information <u>John Clark</u> | | | |

CAUSES OF DEATH

| | |
|---|--|
| Primary <u>Strangulated hernia</u> | How long <u>48 hours</u> |
| Immediate <u>Intoxication</u> | How long <u>8 hours</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>W. B. Skilling</u> |
| | Address <u>Lanham</u> |
| Accident or Suicide? <u>No</u> | |

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

Harry Davis

CERTIFICATE OF DEATH

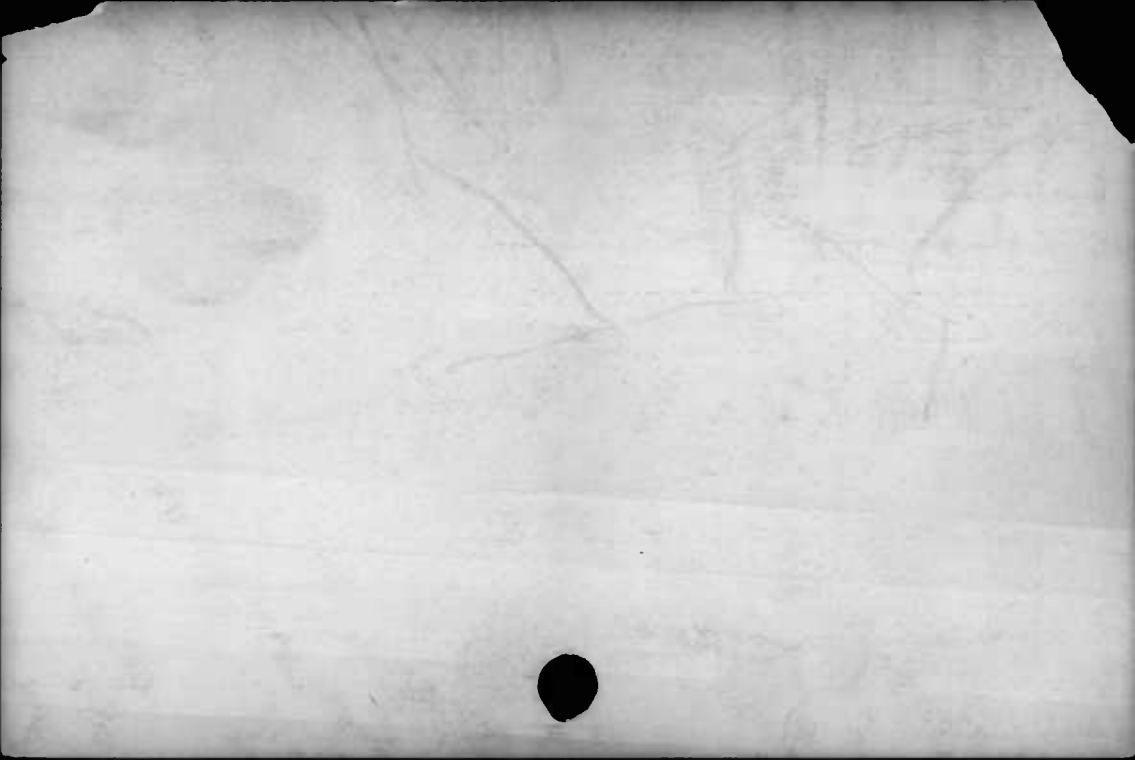
MARYLAND

| | | | | | | | |
|-----------------------------------|-------------|---------------|-------------------------|---|-------------------------|--------|------|
| Died at | | Town | | County | | State | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1905 June | | 16 | | | | 6 | |
| Sex | Male | Color or Race | White | | Birthplace | M. Va. | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | | | |
| Father's Name | Harry Davis | | | | Father's Birthplace | | |
| Mother's Maiden Name | Mary M. Roy | | | | Mother's Birthplace | | |
| Name of person giving information | Harry Davis | | | | How related to deceased | | |
| | | | | Father | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------|----------|-------|
| Primary | Spasms | How long | 6 hrs |
| Immediate | Exhaustion | How long | |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician | | |
| | Dr. W. H. Roan | | |
| | Address | | |
| | Cumberland | | |
| | Md. | | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

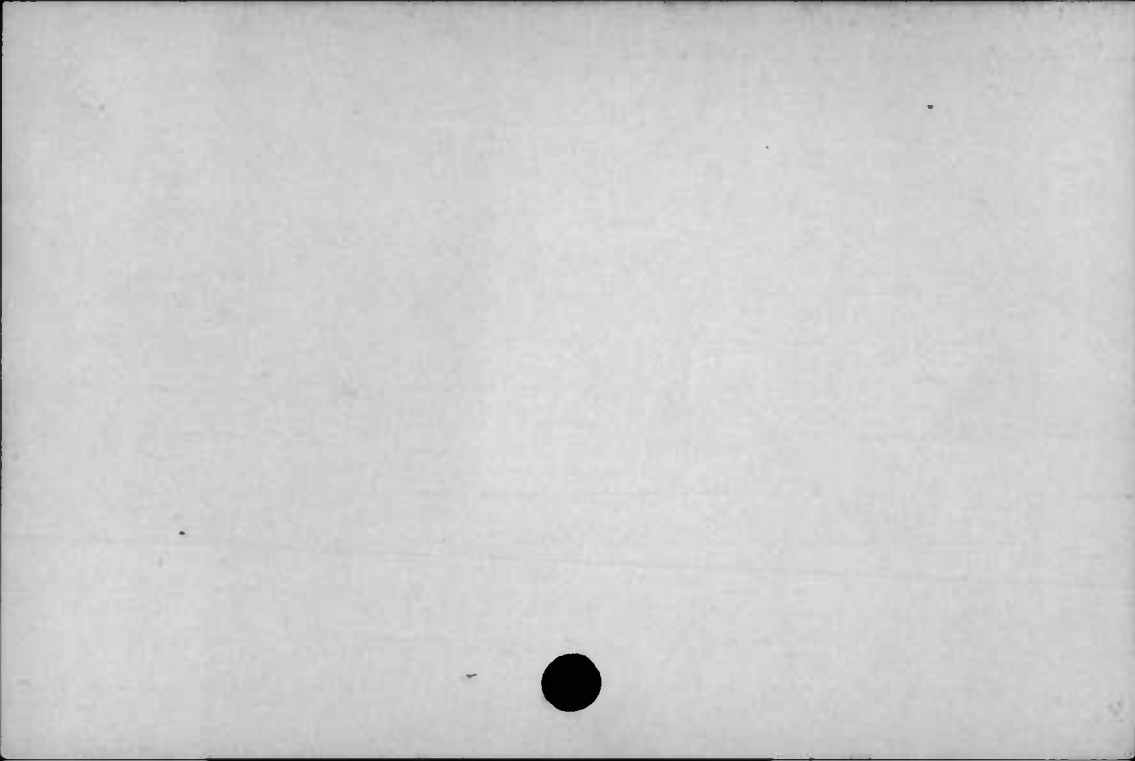
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|---------------------|--------------------------|----------------------------|--|----------------------------|-----------------|--------------|
| Died at | | Town <i>Frostburg</i> | | County <i>Alleghany</i> | | MARYLAND | |
| Date of death | 1905 | Month 6 | Day 2 | Age | Years 23 | Months | Days |
| Sex | <i>Female</i> | | Color or Race | <i>White</i> | | Birth- place | <i>U. S.</i> |
| Occupation | <i>S. N.</i> | | | Where Residing if not at place of death | | <i>Home</i> | |
| Married, Single or Widowed | <i>M.</i> | | Name of Wife or Husband | | <i>Charles Dillon</i> | | |
| Father's Name | <i>W. S. Burton</i> | | | | Father's Birthplace | <i>U. S.</i> | |
| Mother's Maiden Name | <i>Jane Michael</i> | | | | Mother's Birthplace | <i>U. S.</i> | |
| Name of person giving in formation | <i>Husband</i> | | | | How related to deceased | <i>Husband</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|---|---------------------------|-------------------------|
| Primary | <i>Peritonitis, abscess, Septicemia</i> | How long | <i>2 weeks</i> |
| Immediate | <i>Respiratory failure</i> | How long | <i>12 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | <i>Thomas H. Maouly</i> |
| | | Address | <i>Frostburg, Md.</i> |
| Accident or Suicide? | | | |



Name
in
Full

Melida C. Edwards

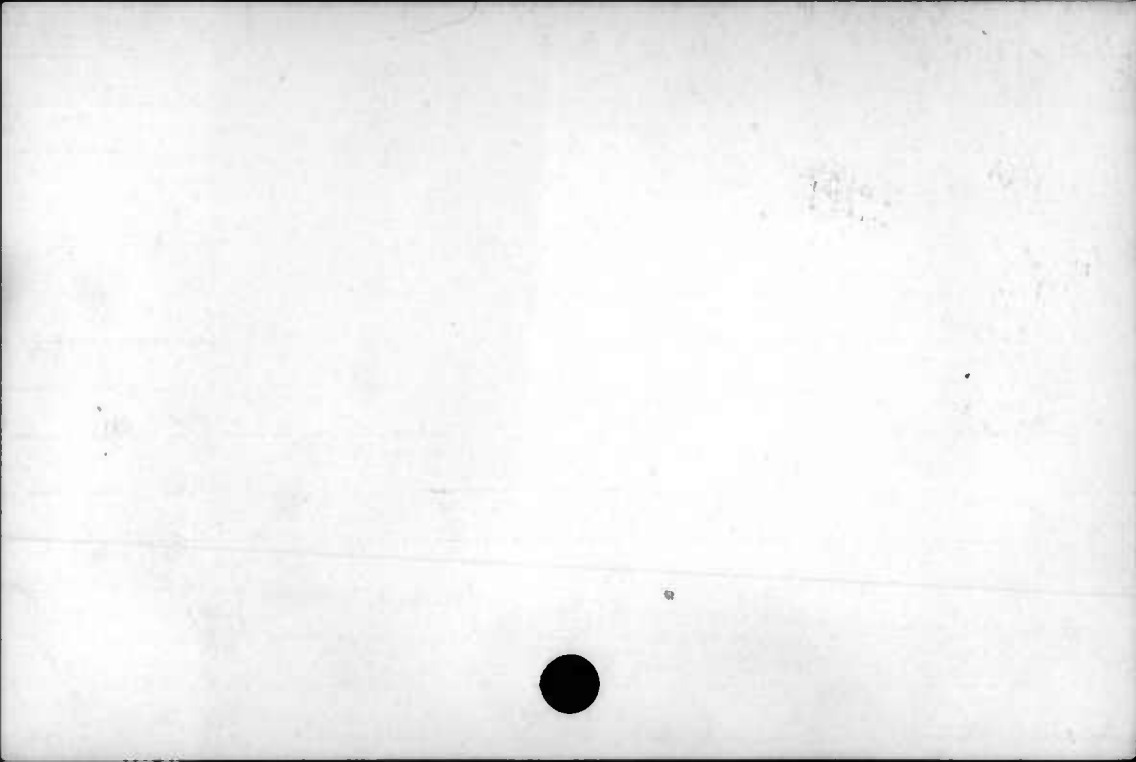
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|--|---|----------------------------------|-----------------|
| Died at <u>Cumtland</u> ^{Town} | | <u>Allegheny</u> ^{County} | | MARYLAND | |
| Date of death <u>1906</u> | Month <u>Jan</u> | Day <u>21</u> | Age <u>67</u> | Years <u>—</u> | Months <u>—</u> |
| Sex <u>Female</u> | Color or Race <u>White</u> | | Birth-place <u>Cumtland</u> | | |
| Occupation <u>—</u> | | | Where Residing if not at place of death <u>Cumtland</u> | | |
| Married, Single or Widowed <u>Widowed</u> | | Name of Wife or Husband <u>C. J. Edwards</u> | | | |
| Father's Name <u>—</u> | | | | Father's Birthplace <u>—</u> | |
| Mother's Maiden Name <u>—</u> | | | | Mother's Birthplace <u>—</u> | |
| Name of person giving information <u>—</u> | | | | How related to deceased <u>—</u> | |

CAUSES OF DEATH

| | |
|---|--|
| Primary <u>Angina pectoris</u> | How long <u>a short time</u> |
| Immediate <u>Heart failure</u> | How long <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>W. W. Wier</u> |
| | Address <u>Cumtland</u> |
| Accident or Suicide? <u>—</u> | |



Name
in
Full

Edward Fisher

CERTIFICATE OF DEATH

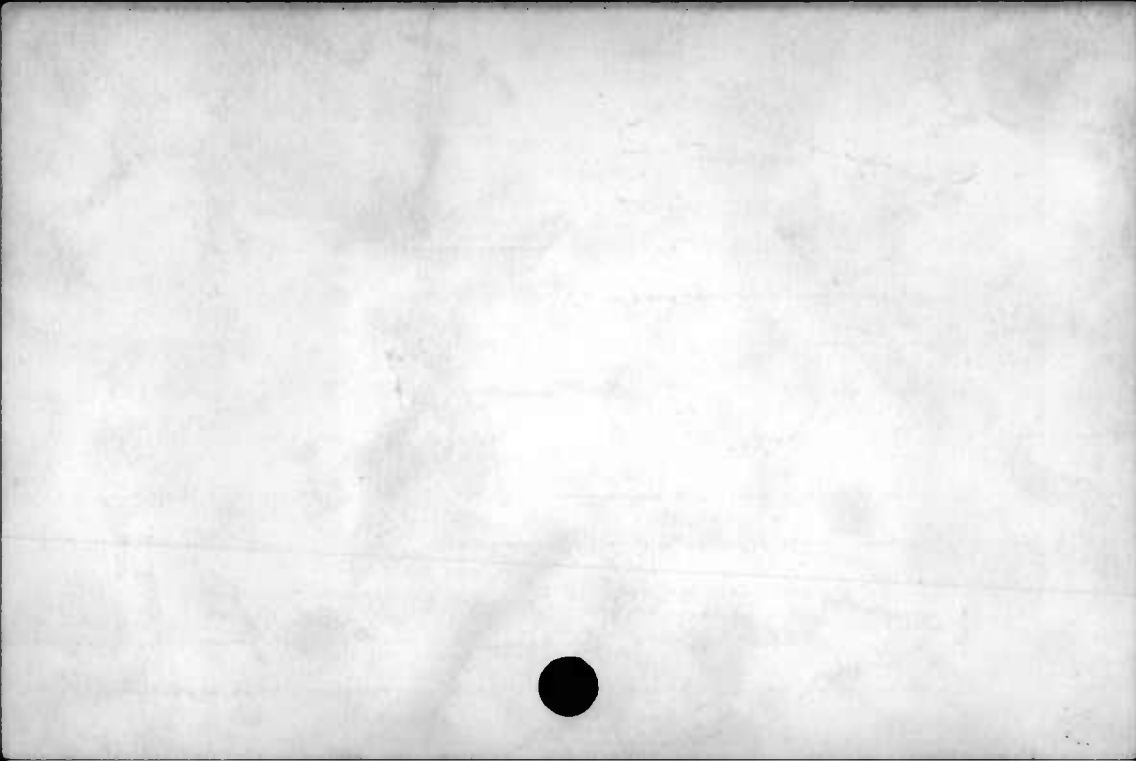
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|------------------------------------|----------------------------|-------------------------------|-----------------------------|
| Died at <u>Lumbertown</u> ^{Town} | | <u>Allegheny</u> ^{County} | | MARYLAND | |
| Date of death <u>1905</u> | <u>June</u> ^{Month} | <u>4</u> ^{Day} | <u>75</u> ^{Years} | <u> </u> ^{Months} | <u> </u> ^{Days} |
| Sex <u>male</u> | Color or Race <u>col.</u> | | Birth-place <u> </u> | | |
| Occupation <u>Laborer</u> | Where Residing if not at place of death <u> </u> | | | | |
| <u>Married, Single or Widowed</u> | Name of Wife or <u>Husband</u> <u>Polly Fisher</u> | | | | |
| Father's Name <u> </u> | Father's Birthplace <u> </u> | | | | |
| Mother's Maiden Name <u> </u> | Mother's Birthplace <u> </u> | | | | |
| Name of person giving Information <u>Harry M Fisher</u> | How related to deceased <u>Son</u> | | | | |

CAUSES OF DEATH

| | |
|--|--|
| Primary <u>Nephritis</u> | How long <u>about 8 months</u> |
| Immediate <u>Dropsy</u> | How long <u>2 mo.</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>Geo. H. Thompson</u> |
| | Address <u>13 N. Mechanic</u> |
| <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div> Accident or Suicide? <u> </u> | |

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--|----------------------------|--|-----------------------|--|
| Name in Full Dominick Gallagher | | Town Camden | | County Allegheny | | STATE MARYLAND | |
| Died at | | Month June | | Day 24 | | Years 54 | |
| Date of death 1905 | | Months | | Days | | | |
| Sex Male | | Color or Race White | | Birth-place Ireland | | | |
| Occupation Saloon Keeper | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed Married | | Name of Wife or Husband Mary | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Name of person giving information | | How related to deceased | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--------------------------|---|-----------------------|
| Primary | Chirasis of Liver | How long | about 6 months |
| Immediate | Exhaustion | How long | |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician Dr. J. Robinson | |
| | | Address Camden Md | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Infant Ernest J Langham*
Town *Green* County *Alle*

Died at

Date

of death *1905*

Month

June

Day

13

Age

Years

-

Months

-

Days

1

Sex

*Female*Color or
Race*White*Birth-
place*Ind*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Ernest J Langham*Father's
Birthplace*Ind*Mother's
Maiden Name*Mabel Snyder*Mother's
Birthplace*Ind*Name of person giving
Information*Ernest Langham*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Premature birth

How long

51
7 m

Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Thomas W Koon*

Address

Greenland

Accident or Suicide?

PHYSICIAN
OR CORONER
☒

6



Full

CERTIFICATE OF DEATH

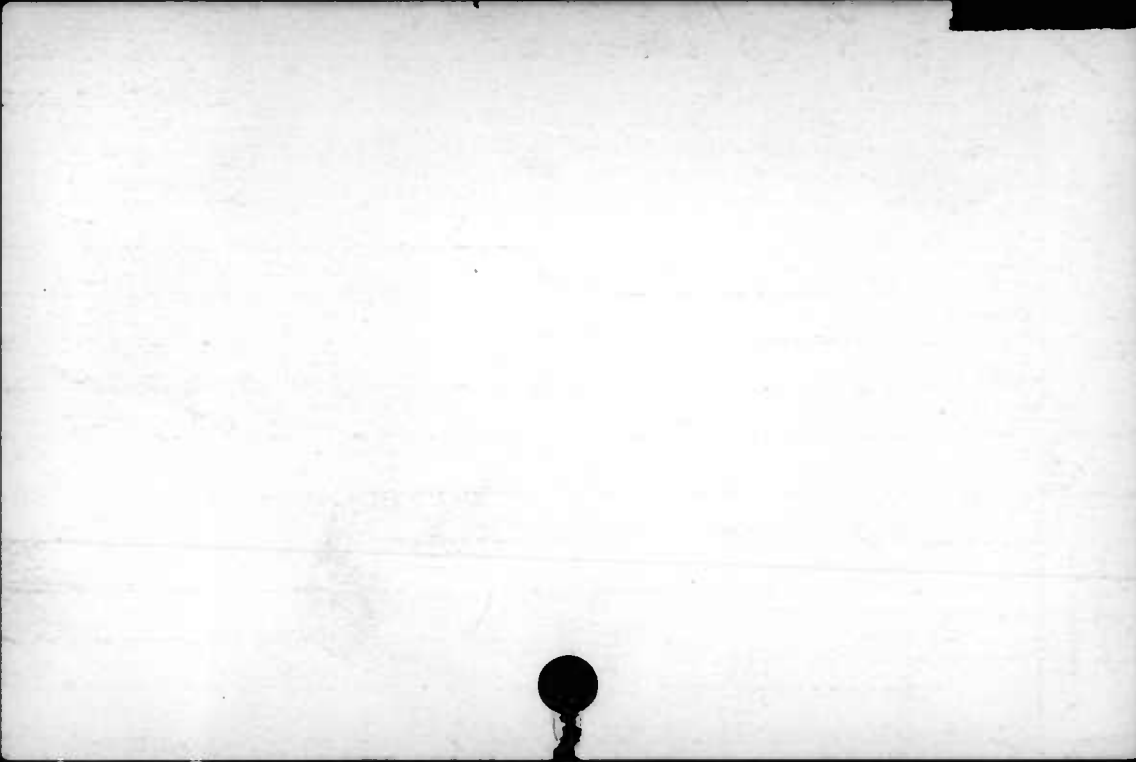
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Joseph Bond Garrett*
Eckhart Mines *Alleghany*Date of death *1905* Month *June* Day *22* Age *76* Years Months *0* Days *3*Sex *Male* Color or Race *White* Birth-place *Virginia*Occupation *Mechanical Engineer* Where Residing if not at place of deathMarried, ~~Single~~ *or Widowed* Name of Wife or Husband *Nancy Ellen Garrett*Father's Name *Jacob Garrett* Father's Birthplace *X X*Mother's Maiden Name *Mary Bond* Mother's Birthplace *X X*Name of person giving information *Nancy Garrett* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Heart disease* How long *About two years*Immediate *The same* How longAre the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *B. M. Crowe*Address *Eckhart Mines*~~Accident or Suicide?~~*M F*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph Bond Garrett*

Town *Eckhart Mines* County *Allegheny*

Died at *Eckhart Mines*

MARYLAND

Date of death *1905* Month *June* Day *22* Age *76* Years Months *0* Days *3*

Sex *Male* Color or Race *White* Birth-place *Virginia*

Occupation *Mechanical Engineer* ~~Where Residing if not at place of death~~

Married, Single or Widowed ☒ Married Name of Wife or Husband *Nancy Ellen Garrett*

Father's Name *Jacob Garrett* Father's Birthplace *XX*

Mother's Maiden Name *Mary Bond* Mother's Birthplace *XX*

Name of person giving information *Nancy Garrett* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Heart disease* ☒ How long *about two years*

Immediate *The same* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *B. M. Crowell*

Address *Eckhart Mines*

Accident or Suicide? *No*



Name
in
Full

Agnes Nelson

CERTIFICATE OF DEATH

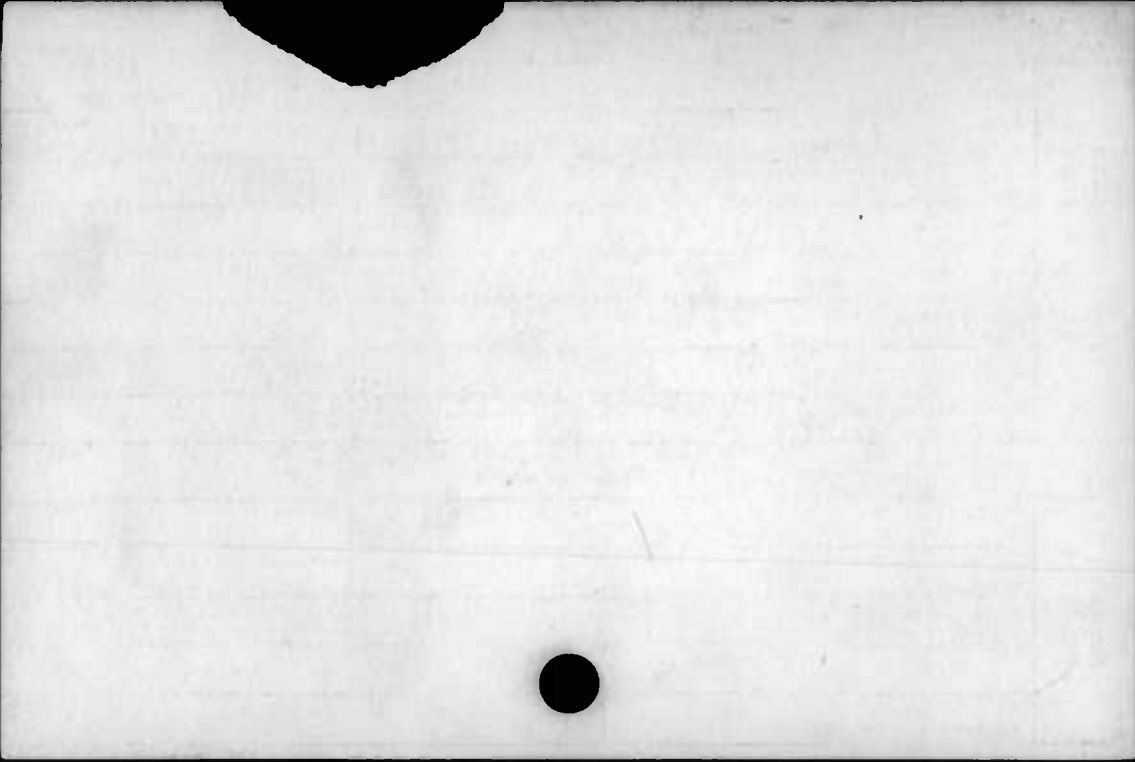
TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|--|--|----------|--|
| Died at <i>Louisa</i> Town <i>Allegheny</i> | | MARYLAND | |
| Date of death 190 <i>5</i> Month <i>June</i> Day <i>13</i> Age <i>31</i> Years Months <i>7</i> Days <i>5</i> | | | |
| Sex <i>Female</i> Color or Race <i>White</i> Birth-place <i>Louisa Md</i> | | | |
| Married, Single or Widowed <i>Married</i> Occupation <i>Housewife</i> | | | |
| Name of Wife or Husband <i>John Nelson</i> | | | |
| Father's Name <i>Henry M. Bell</i> Father's Birthplace <i>Scotland</i> | | | |
| Mother's Maiden Name <i>Annie Wilson</i> Mother's Birthplace <i>"</i> | | | |
| Name of person giving information <i>Henry M. Bell</i> How related to deceased <i>Brother</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary | How long |
| Immediate <i>Septic peritonitis</i> | How long <i>4 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Henry M. Hodgson</i> |
| | Address <i>Louisa Md.</i> |
| Accident or Suicide? <i>No</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Thomas C. Golden*

Died at *Cumtobland* Town *Allegany* County

MARYLAND

Date of death *1905 June 29* Month *June* Day *29* Age *2* Years *8* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Cumtobland*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *J. H. Golden* Father's Birthplace *Maryland*

Mother's Maiden Name *Ember S. Golden* Mother's Birthplace *Pa Va*

Name of person giving information *J. H. Golden* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

1

Primary *Eating Rashers* How long *meday*

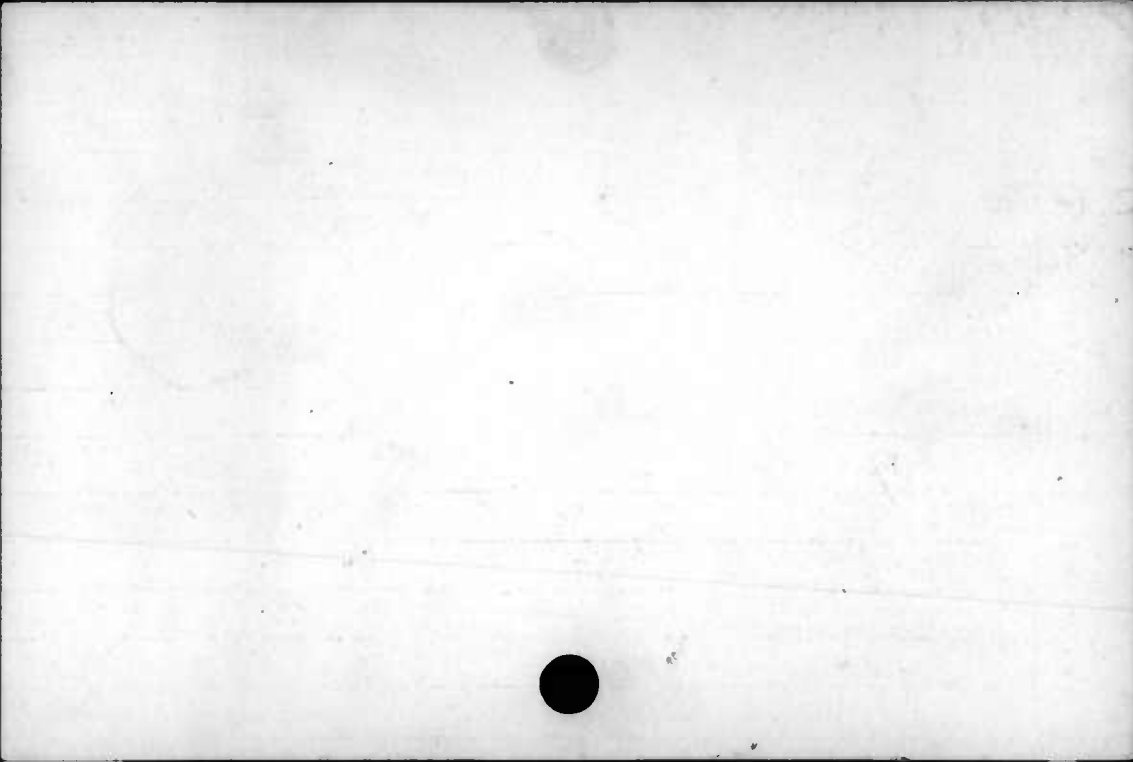
Immediate *Convulsions* How long *half hour*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. J. J. J. J.*

Address *Cumtobland*

Accident or Suicide? *no*



Name
in
Full

Mary T. Graves

CERTIFICATE OF DEATH

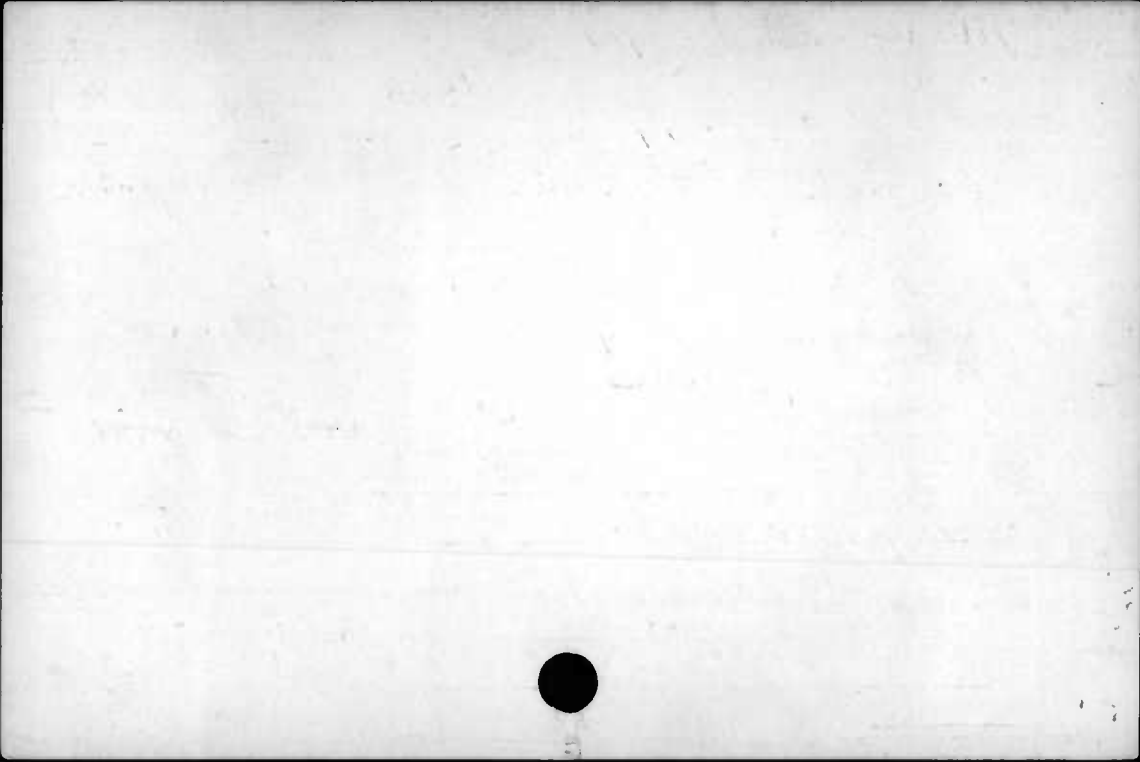
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|----------------------|--------------------|-------------------------|---|----|-------------------------|-----------------|
| Died at | | Town <i>Cumtux</i> | | County <i>Allegh</i> | | MARYLAND | |
| Date of death | 1905 | Month | June | Day | 19 | Age | Years 73 |
| Sex | <i>Female</i> | | Color or Race | <i>white</i> | | Birth-place | <i>Maryland</i> |
| Occupation | <i>Housewife</i> | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | <i>Widow</i> | | Name of Wife or Husband | <i>Dennis Graves</i> | | | |
| Father's Name | <i>George Kudy</i> | | | | | Father's Birthplace | <i>Md</i> |
| Mother's Maiden Name | <i>Nancy Duke</i> | | | | | Mother's Birthplace | <i>—</i> |
| Name of person giving information | <i>Minnie Graves</i> | | | | | How related to deceased | <i>Daughter</i> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|------------------------|----------------|
| Primary | <i>Typhoid fever</i> | How long | <i>6 weeks</i> |
| Immediate | <i>Exhaustion</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| <i>yes</i> | | <i>J.M. Spear</i> | |
| | | Address | |
| | | <i>Cumberland</i> | |
| | | <i>Md</i> | |
| Accident or Suicide? | | | |



Name
in
Full

Miss E. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Smacoming* TownCounty *Allegheny*Date of death *1905* June

Month

Day

Age

Years

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Smacoming*

Occupation

*Housework*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*William Green*Father's
Birthplace*Smacoming*Mother's
Maiden Name*Anna M. Coleman*Mother's
Birthplace*Allegheny Co.*Name of person giving
Information*William Green*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Acute General Peritonitis, Embolism

How long

5 weeks

Immediate

Heart failure

How long

*3 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

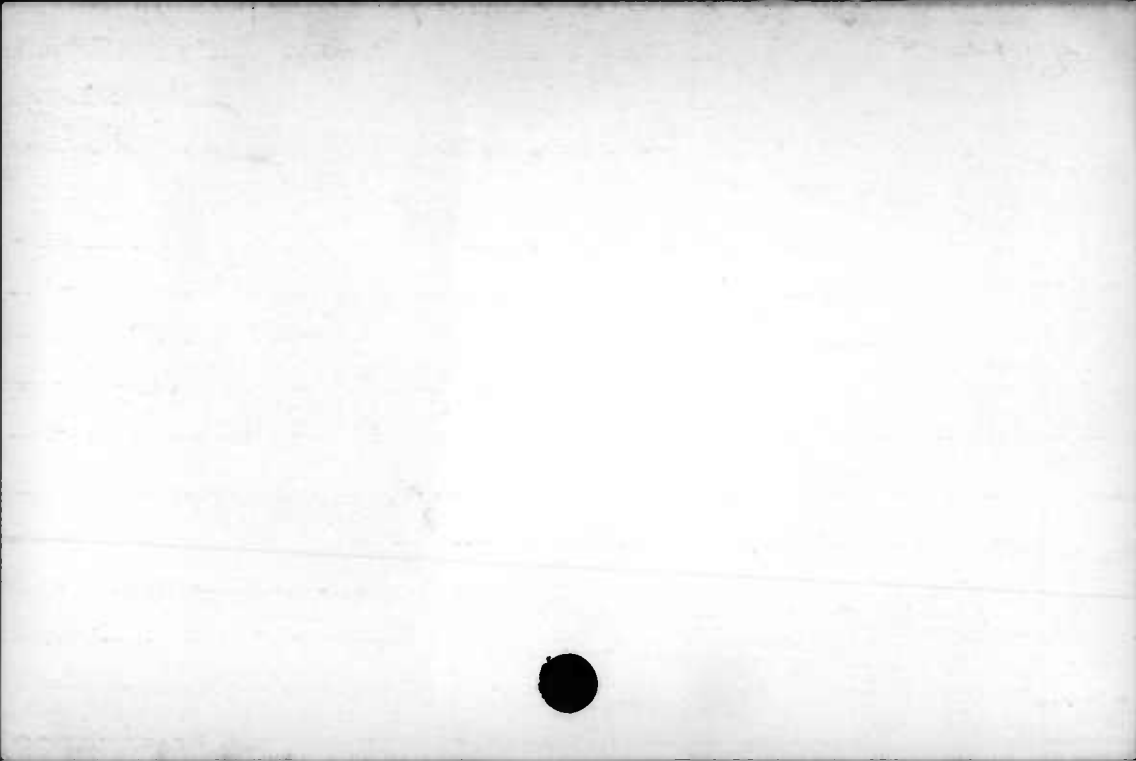
Address

*James O. Bullock**Smacoming, Maryland*

Accident or Suicide?

*No*PHYSICIAN
OR CORONER

1



Name
in
Full

William Roosevelt Greenhorn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Barton Town Alleghany County

Date of death 1905 June Month 8 Day Age 7 Years 18 Months 18 Days

Sex Male Color or Race White Birth-place Alleghany

Married, Single or Widowed L Occupation L

Name of Wife or Husband L

Father's Name Wm Greenhorn Father's Birthplace Allegh, Co

Mother's Maiden Name Mary Dawson Mother's Birthplace Allegh Co

Name of person giving information Wm Greenhorn How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary 90 How long

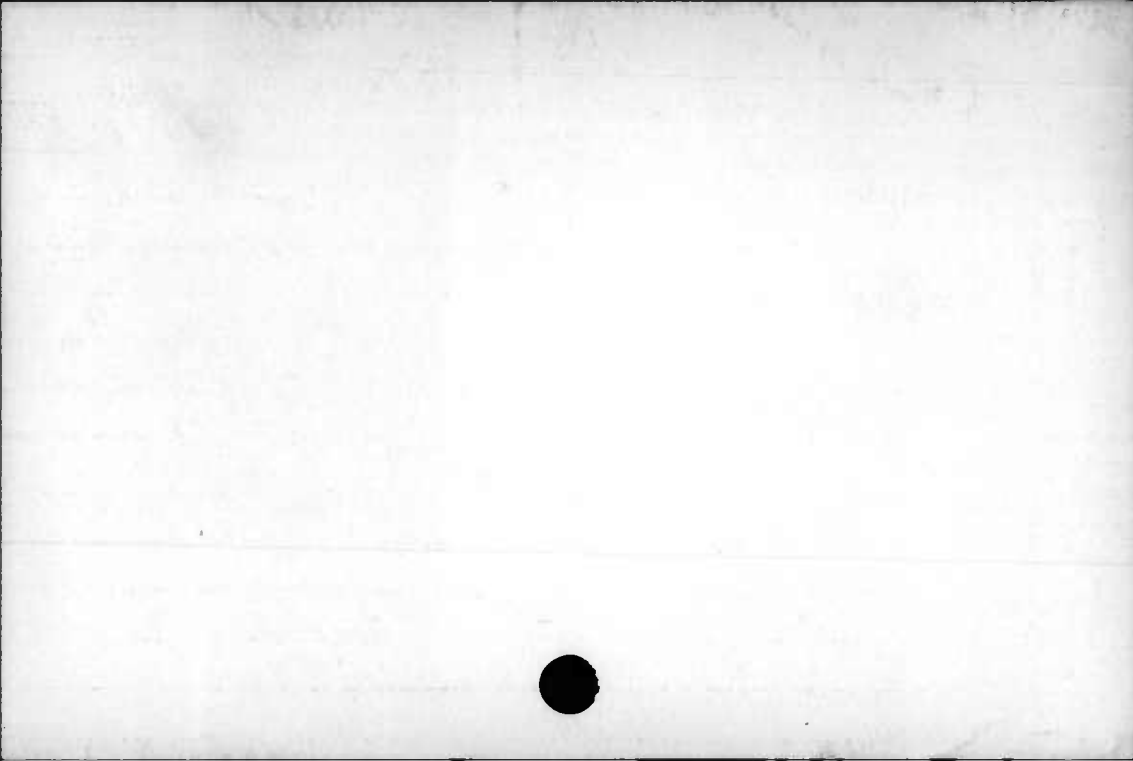
Immediate Bronchitis How long 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician L.A. Boucher

Address Barton

Accident or Suicide?



Name
in
Full

Chas J. Hams

CERTIFICATE OF DEATH

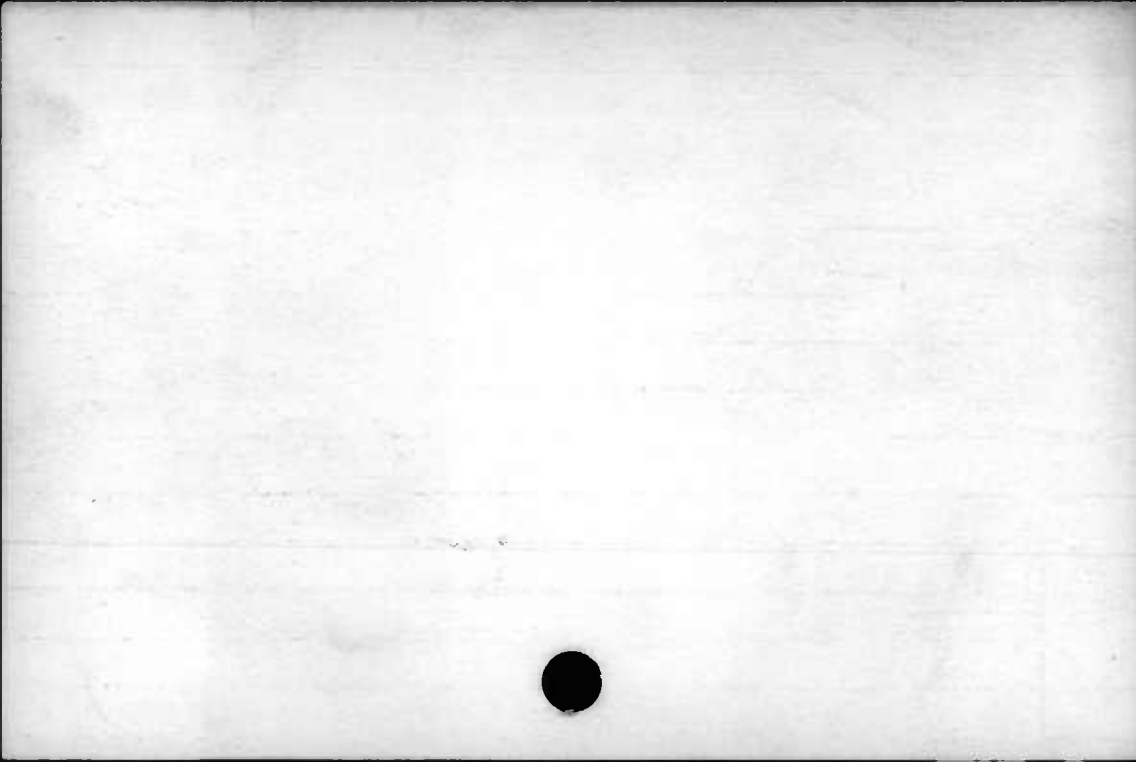
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | |
|---|--|----------------------------|----------------------------------|--|-------|----------------------------------|------|--|
| Died at <i>Seaboard</i> Town | | | County <i>Allegheny</i> | | | MARYLAND | | |
| Date of death <i>1901</i> | | Month <i>June</i> | Day <i>29</i> | Age <i>still born</i> | Years | Months | Days | |
| Sex <i>male</i> | | Color or Race <i>white</i> | | Birth-place <i>md</i> | | | | |
| Occupation <i>—</i> | | | | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single or Widowed <i>S</i> | | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Frank Hams</i> | | | | Father's Birthplace <i>md</i> | | | | |
| Mother's Maiden Name <i>Mary Roberts</i> | | | | Mother's Birthplace <i>md</i> | | | | |
| Name of person giving information <i>Father</i> | | | | <i>S.</i> | | How related to deceased <i>—</i> | | |
| | | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|-------------------|--|
| Primary | <i>Still Born</i> | How long |
| Immediate | | How long |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>Thos. W. Brown</i> |
| | | Address <i>Seaboard</i> |
| Accident or Suicide? | | |



Name
in
Full

or

Thomas Hackett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | |
|---|--|---------------------------------------|-------------------------|--|-------|-----------------|------|--|
| Died at <u>Cumby</u> Town | | | County <u>Allegheny</u> | | | MARYLAND | | |
| Date of death <u>1901</u> | | Month <u>June</u> | Day <u>30</u> | Age <u>22</u> | Years | Months <u>1</u> | Days | |
| Sex <u>male</u> | | Color or Race <u>White</u> | | Birth-place <u>Hyndman Pa</u> | | | | |
| Occupation <u>Breakman</u> | | | | Where Residing if not at place of death <u>-</u> | | | | |
| Married, Single or Widowed <u>married</u> | | Name of Wife or Husband <u>Missie</u> | | | | | | |
| Father's Name <u>Thomas Hackett Jr</u> | | | | Father's Birthplace <u>-</u> | | | | |
| Mother's Maiden Name <u>Don't know</u> | | | | Mother's Birthplace <u>-</u> | | | | |
| Name of person giving information <u>Missie Hackett</u> | | | | How related to deceased <u>Wife</u> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <u>R R accident</u> | How long <u>100</u> |
| Immediate <u>traumatic from fall</u> | How long |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>E B Blaybrooke M.D.</u> |
| <u>Glen Cove.</u> | Address <u>Cumbyland</u> |
| Accident or Suicide? | |



Name
in
Full

Mother

Hitcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|------------------------------|------------------------------------|---|----------------------------|----------------------------|
| Died at <u>Frostburg</u> ^{Town} | | <u>Alleghany</u> ^{County} | | MARYLAND | |
| Date of death | <u>1901</u> ^{Month} | <u>6</u> ^{Day} | Age | <u>18</u> ^{Years} | <u>—</u> ^{Months} |
| Sex | <u>Female</u> | Color or Race | <u>Colored</u> | Birth-place | <u>W Va</u> |
| Occupation | <u>Housewife</u> | | Where Residing if not at place of death | | |
| Married, Single or Widowed | <u>two widow</u> | Name of wife or Husband | <u>George Hitcher</u> | | |
| Father's Name | <u>—</u> | | | Father's Birthplace | <u>W Va</u> |
| Mother's Maiden Name | <u>—</u> | | | Mother's Birthplace | <u>W Va</u> |
| Name of person giving information | <u>Anna Hitcher</u> | | | How related to deceased | <u>daughter</u> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|---|----------|--------------|
| Primary | <u>Tuberculosis -</u> | How long | <u>1 yr.</u> |
| Immediate | <u>Asphyxia</u> | How long | <u>2 wks</u> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>J. H. Diner</u> | | |
| | Address <u>Frostburg W Va</u> | | |
| Accident or Suicide? | | | |

Ally

Name
in
Full

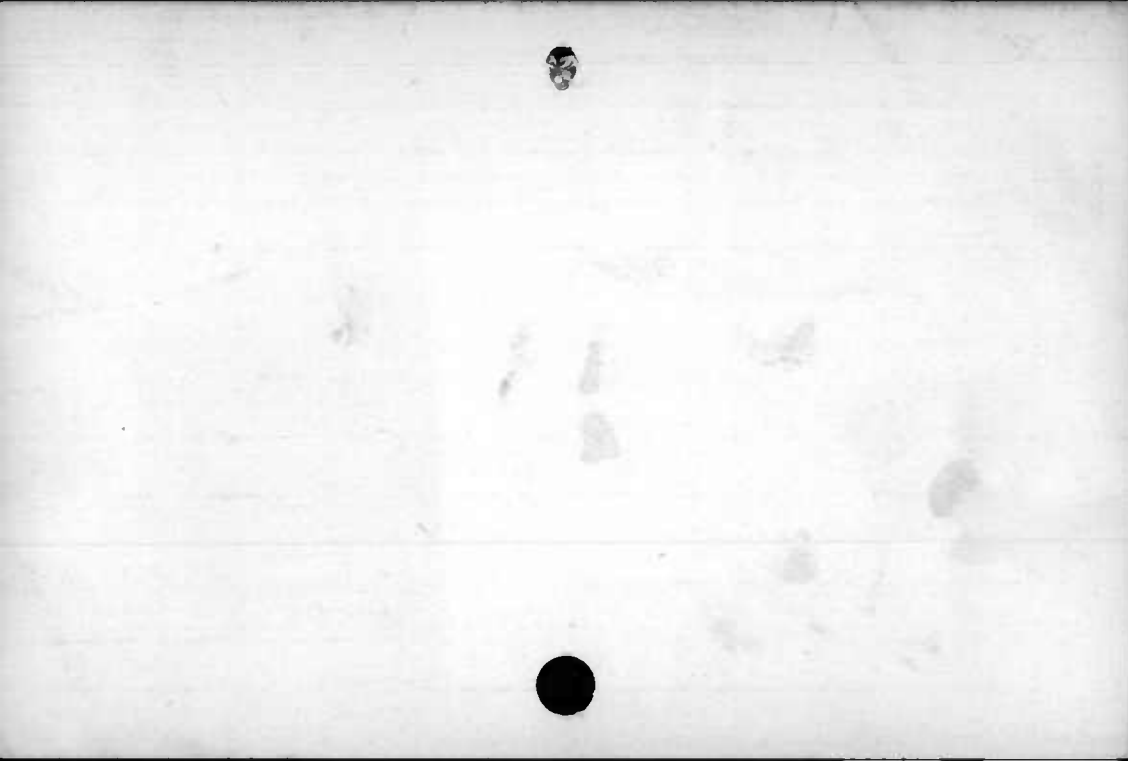
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|-------------------|---|---------------|-------------------------------------|
| Died at <u>Chesapeake</u> Town | | County <u>md.</u> | | MARYLAND | |
| Date of death | <u>1900</u> | Month <u>June</u> | Day <u>29</u> | Age <u>27</u> | Years <u>3</u> Months <u>2</u> Days |
| Sex <u>Male</u> | Color or Race <u>White</u> | | Birth-place <u>Chesapeake</u> | | |
| Occupation <u>Machine</u> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <u>Single</u> | | | Name of Wife or Husband | | |
| Father's Name <u>Michael J. Hogan</u> | | | Father's Birthplace <u>Ireland</u> | | |
| Mother's Maiden Name <u>Engel Hogan</u> | | | Mother's Birthplace <u>"</u> | | |
| Name of person giving information <u>Mother</u> | | | How related to deceased <u>Mother</u> | | |

CAUSES OF DEATH

| | |
|---|---|
| Primary <u>Arterio Sclerosis</u> | How long <u>10 days</u> |
| Immediate <u>Exhaustion</u> | How long <u>24 hours</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>J. B. Shupe</u> |
| | Address <u>Westport</u> |
| Accident or Suicide? | <u>md</u> |



Name
in
Full

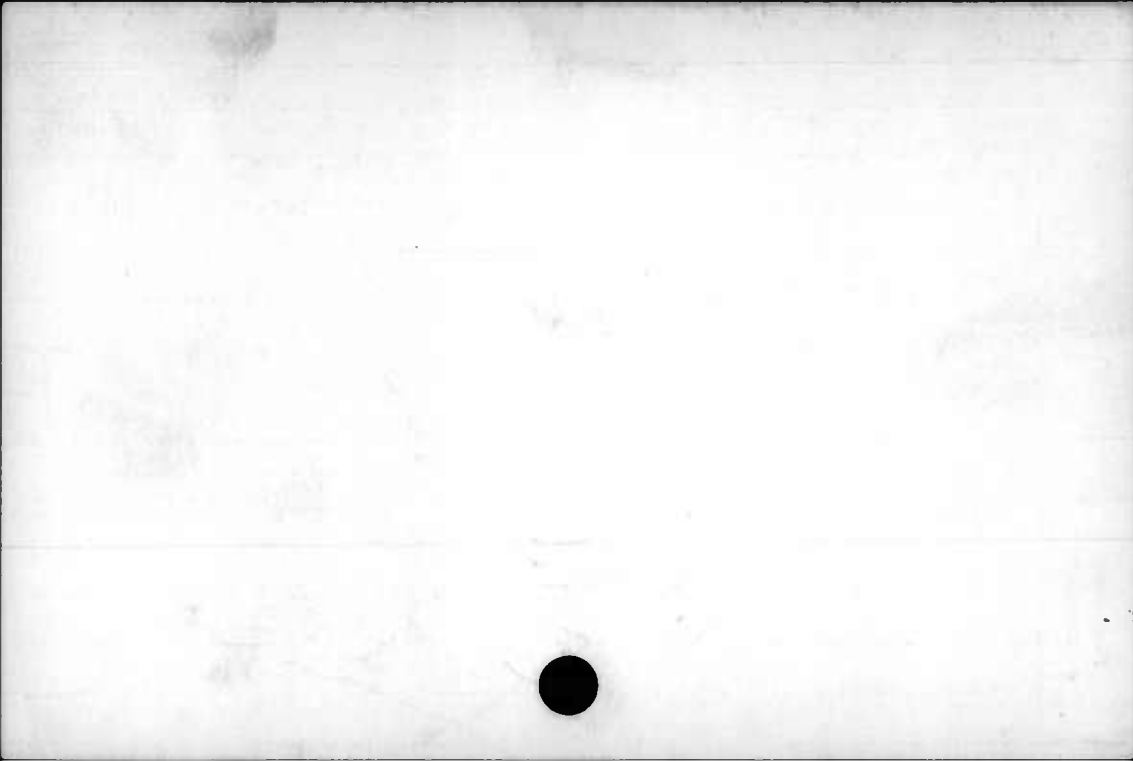
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|--|---------------------------|--|--------------------------|--|
| Name in Full Mary Jammer | | Town Cabin | | County Alle | | State MARYLAND | |
| Died at Cabin | | Month June | | Day 16 | | Age 42 | |
| Date of death 1905 | | Month June | | Day 16 | | Age 42 | |
| Sex Female | | Color or Race White | | Birth-place Ind | | Months | |
| Occupation housewife | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed Married | | Name of Wife or Husband Henry Jammer | | | | | |
| Father's Name - | | Father's Birthplace | | | | | |
| Mother's Maiden Name - | | Mother's Birthplace | | | | | |
| Name of person giving Information Henry Jammer | | How related to deceased Husband | | | | | |

CAUSES OF DEATH

| | | |
|---------------------------------|--|--|
| PHYSICIAN OR CORONER | Primary Obstruction of bowels | How long 8 days |
| | Immediate Mortification | How long 12 hours |
| | Are the name, age, sex, color, date and place correctly given above? yes | Signature of Physician J. Jones Wilkin |
| | | Address Amsterdam Ind |
| Accident or Suicide? | | |



Name
in
Full

Kate Warrnick Keedy

CERTIFICATE OF DEATH

Died at Froelburg Allegany

MARYLAND

Date of death 1906 6 5 Age 26 9

Sex Female Color or Race White Birth-place

Occupation Housewife Where Residing if not at place of death Froelburg

Married, Single or Widowed Married Name of Wife or Husband Charles Keedy

Father's Name Ashford Warrnick Father's Birthplace Bartonsville

Mother's Maiden Name Mother's Birthplace Bartonsville

Name of person giving information Charles Keedy How related to deceased Husband

CAUSES OF DEATH

Primary Bright's disease How long 120

Immediate Uremia How long 22 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. C. Coker

No Address Froelburg, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Grm

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Nancy J. Kelso*

Town

County

Died at

*Brink**Armagay*

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1905**June**19*

Age

81

Sex

*Female*Color or
Race*White*Birth-
place*Hamps shire Va*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Widow*Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information*Scott Kelso*How related
to deceased*son*

CAUSES OF DEATH

Primary

Cancer of Liver

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr. Thos Koon*

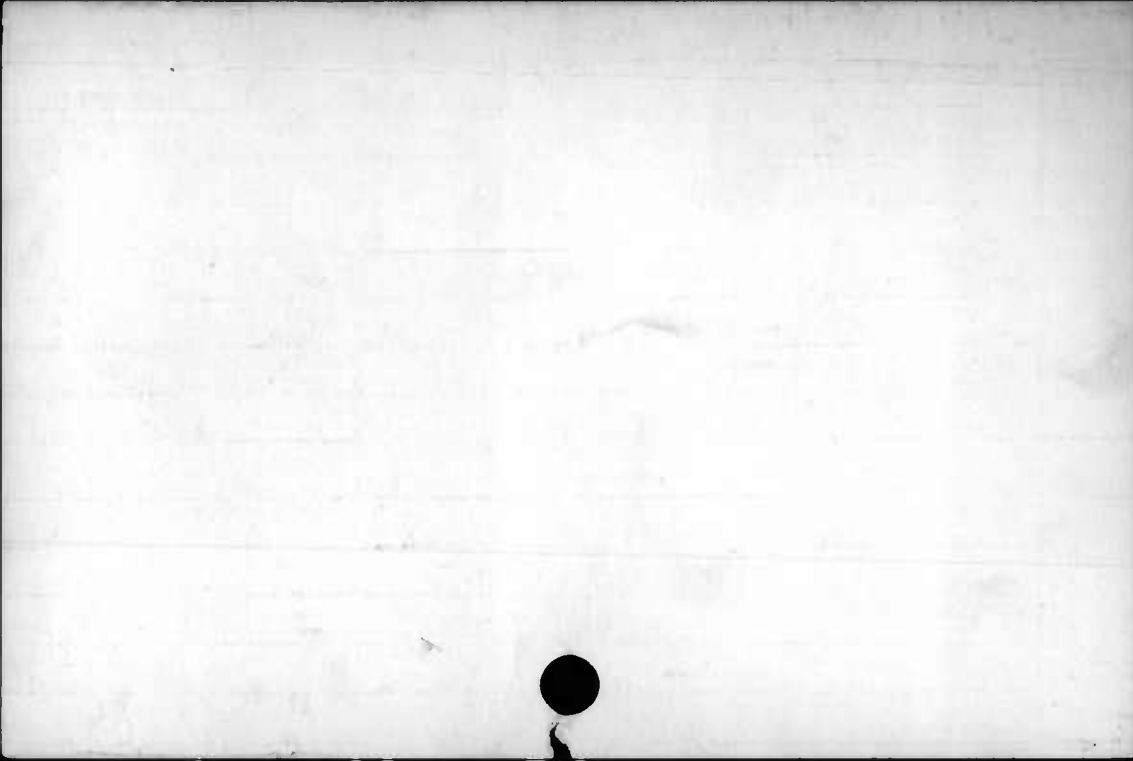
LOUIS STEIN.

Address

*Kub Cumberland
Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Date

of death 1905

Month

Day

Age

Years

Months

Days

Sex

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

S H M

Name
in
Full

Howard Layman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|-----------------------------------|--|---------------|-------------------------------|
| Died at <u>Frostburg</u> ^{Town} | | <u>Allegany</u> ^{County} | | MARYLAND | |
| Date of death | 190 <u>5</u> | Month <u>6</u> | Day <u>29</u> | Age <u>38</u> | Months <u>—</u> Days <u>—</u> |
| Sex <u>Male</u> | Color or Race <u>White</u> | | Birth-place <u>Frostburg Md</u> | | |
| Occupation <u>Solomon Kuper</u> | | | Where Residing if not at place of death <u>—</u> | | |
| Married, Single or Widowed <u>Single</u> | | Name of Wife or Husband <u>—</u> | | | |
| Father's Name <u>Urmall Layman</u> | | | Father's Birthplace <u>Md</u> | | |
| Mother's Maiden Name <u>Rebecca Layman</u> | | | Mother's Birthplace <u>Md</u> | | |
| Name of person giving information <u>Oliver Layman</u> | | | How related to deceased <u>Brother</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <u>Mitral Stenosis</u> | How long <u>years</u> |
| Immediate <u>Dilated Heart with failure.</u> | How long <u>4 weeks</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>J. M. Grier</u> |
| | Address <u>Frostburg Md.</u> |
| Accident or Suicide? <u>—</u> | |

G-m

Name
in
Full

CERTIFICATE OF DEATH

Lillie May Leasure

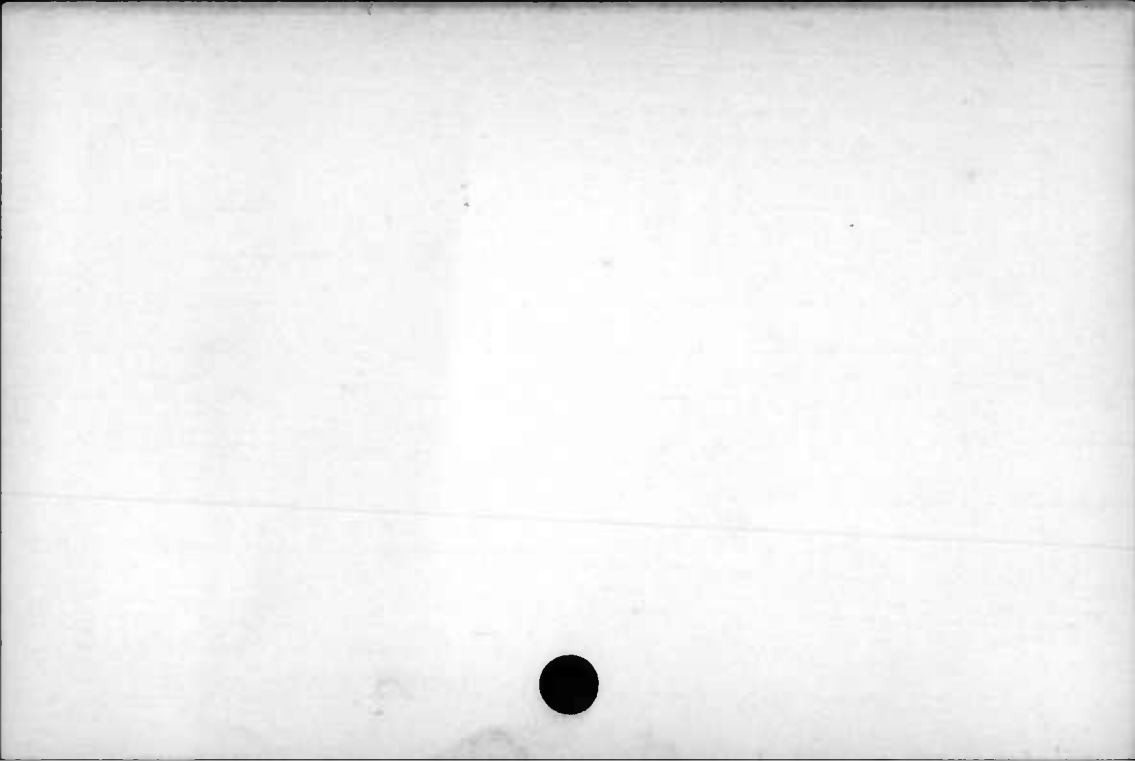
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-------------------------------------|------------------------------------|---|---------------------------|--|
| Died at <i>Cumtobolond</i> ^{Town} | | <i>Allegheny</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>8</i> - <i>June</i> ^{Month} | <i>1</i> ^{Day} | Age <i>14</i> ^{Years} | <i>1</i> ^{Months} | <i>23</i> ^{Days} | |
| Sex <i>Female</i> | Color or Race <i>White American</i> | Birth-place <i>Allegheny Co.</i> | | | |
| Married, Single or Widowed <i>Single</i> | | Occupation <i>—</i> | | | |
| Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Daniel Leasure</i> | | | Father's Birthplace <i>Frederick Co. Pa</i> | | |
| Mother's Maiden Name <i>Mary Hoffmann</i> | | | Mother's Birthplace <i>Allegheny Co. Pa</i> | | |
| Name of person giving information <i>Daniel Leasure</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER
1

| | |
|---|---|
| Primary <i>Tuberculosis of Lungs</i> | How long <i>One Year</i> |
| Immediate <i>Anthraxis or Exanthema</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>H. W. Hodgson</i> |
| <input checked="" type="checkbox"/> Accident or Suicide? <i>—</i> | Address <i>Cumtobolond</i> |
| | <i>W. Va.</i> |



Name
in
Full

Mary Leasure.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Wainchester Bridge* Town *all day* County **MARYLAND**

Date of death *1905* Month *June* Day *24* Age *2* Years Months *7* Days

Sex *Female* Color or Race *White* Birth-place *Ind.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *single* Name of Wife or Husband _____

Father's Name *James S. Leasure* Father's Birthplace *Beverly Pa*

Mother's Maiden Name *Rose Ann Mc Kinney* Mother's Birthplace *Ind*

Name of person giving information *Edward Gravenstein* How related to deceased *none*

CAUSES OF DEATH

Primary

How long

Immediate

How long

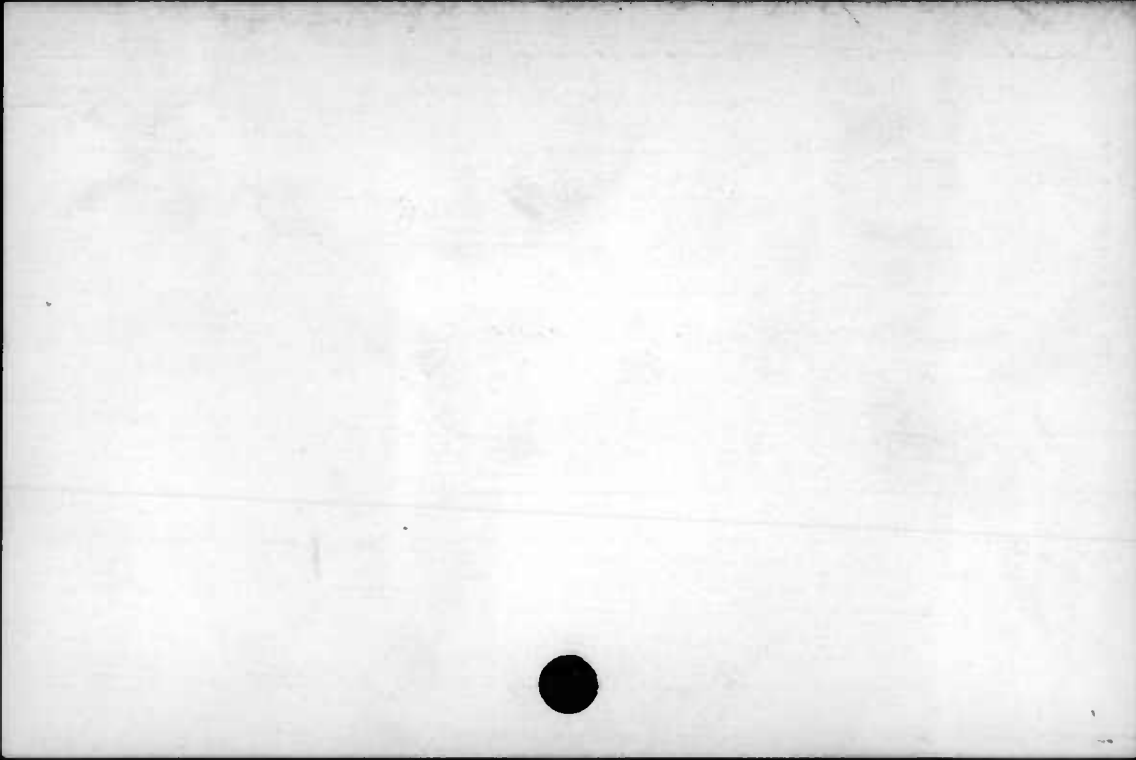
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*St Patrick**B L Birmingham*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Martha Lee* Town *Cumberland* County *Allegany* MARYLAND

Died at *Cumberland* *Allegany*

Date of death 1905 *June* Month *20th* Day *14* Age *11* Years *11* Months *7* Days

Sex *Female* Color or Race *Coloured* Birth-place *Miss.*

Occupation *School-girl* Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *James Lee* Father's Birthplace *Miss.*

Mother's Maiden Name *Rose Meroy* Mother's Birthplace *Miss.*

Name of person giving information *James Lee* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

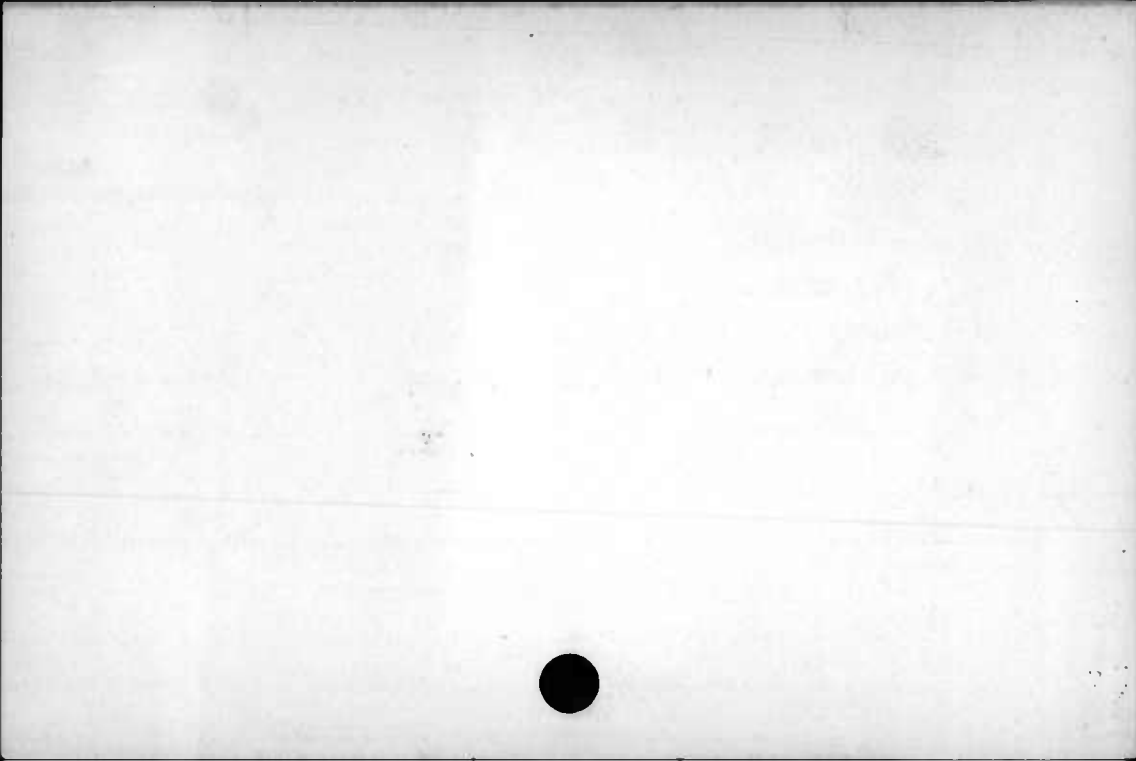
Primary *Endocarditis & Pulmonary tuberculosis* How long *12 months*

Immediate *Exhaustion* How long *One week*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. A. Hodges*

Address *Cumberland Ind.*

Accident or Suicide? ☐



Name
in
Full

Albert W. Kangie

CERTIFICATE OF DEATH

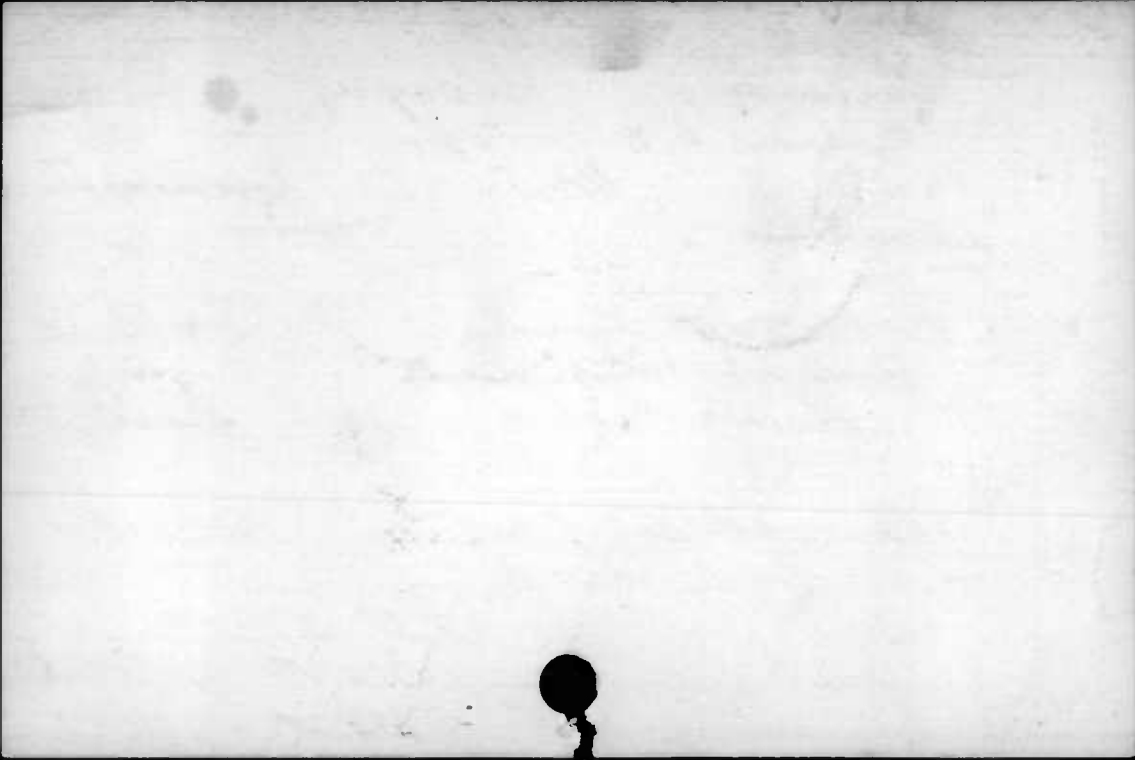
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|---------|---------------|---|-------------------------|-------------|------------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1905 | | June | 20 | Age | 27 | - | |
| Sex | male | Color or Race | White | | Birth-place | Greensboro | |
| Occupation | Laborer | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Married | | Name of Wife or Husband | | | | |
| Father's Name | | | | Father's Birthplace | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| Name of person giving information | | | | How related to deceased | | | |
| Frank | | | | Brother | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|------------------------|
| Primary | How long |
| Tuberculosis of Lungs | 1 1/2 yrs |
| Immediate | How long |
| yes exhaustion | |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| Yes | Address |
| | James Johnston |
| Accident or Suicide? | |



Name
in
Full

Wm McLuckie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|---------------------|-----------------------------|---------------|--------------------------------|
| Died at <i>Frostburg</i> | | County <i>Alleg</i> | | MARYLAND | |
| Date of death | 1905 | Month <i>June</i> | Day <i>6</i> | Age <i>79</i> | Months <i>—</i> Days <i>21</i> |
| Sex <i>M.</i> | Color or Race <i>W</i> | | Birth-place <i>Scotland</i> | | |
| Occupation <i>Merchant</i> | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single or Widowed | Name of Wife or Husband <i>—</i> | | | | |
| Father's Name <i>Robert McLuckie</i> | Father's Birthplace <i>Scotland</i> | | | | |
| Mother's Maiden Name <i>Margaret Turnbull</i> | Mother's Birthplace <i>—</i> | | | | |
| Name of person giving information <i>A. McLuckie</i> | How related to deceased <i>Son</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Bronchitis acute</i> | How long <i>3 weeks</i> |
| Immediate <i>Exhaustion</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. Griffith</i> |
| | Address <i>Frostburg Md</i> |
| Accident or Suicide? <i>—</i> | |

Is m

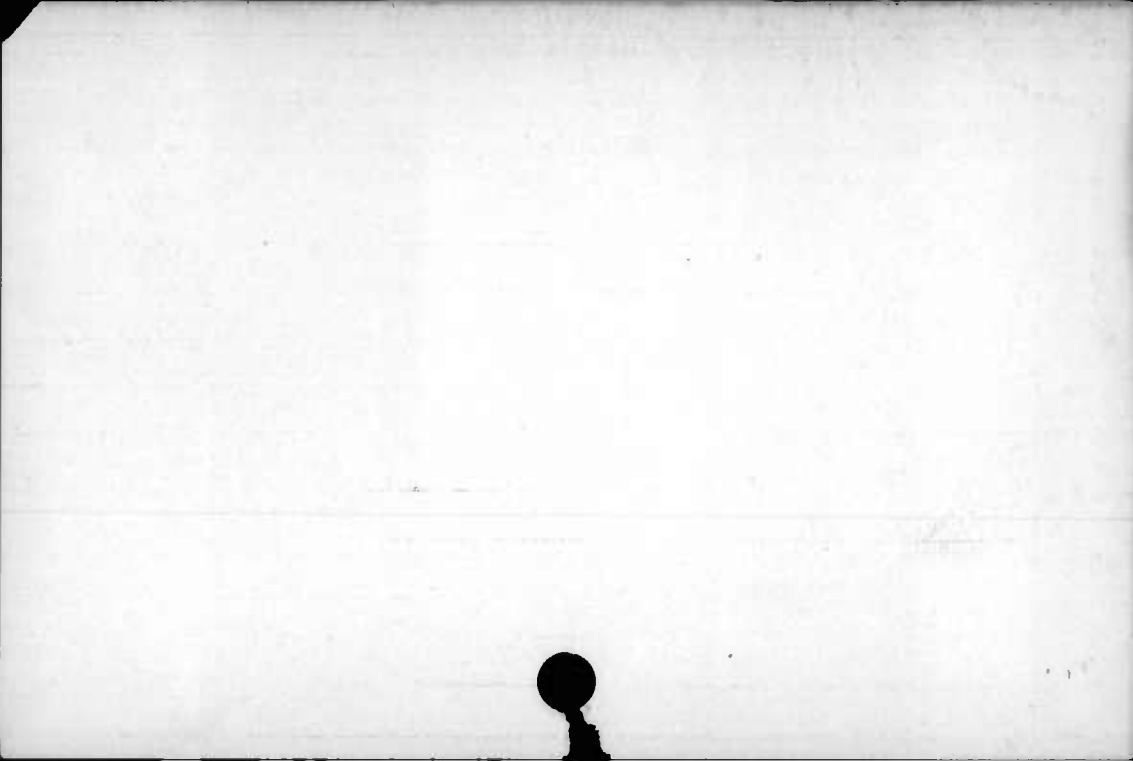
McDonalds Camp

Is m

| | | | | | | | |
|-----------------------------------|--|--|--|---|-----|----------------------|-------|
| Name in Full | | Town | | County | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Maryland | | | |
| | | Date of death | | Month | Day | Age | Years |
| | | Sex | | Color or Race | | Birth-place | |
| | | Occupation | | Where Residing if not at place of death | | | |
| | | Married, Single or Widowed | | Name of Wife or Husband | | | |
| | | Father's Name | | Father's Birthplace | | | |
| | | Mother's Maiden Name | | Mother's Birthplace | | | |
| Name of person giving information | | How related to deceased | | | | | |
| | | CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | | Primary | | How long | | | |
| | | Immediate | | How long | | | |
| | | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | | |
| | | | | Address | | | |
| | | Accident or Suicide? | | | | | |

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Name
in
Full

CERTIFICATE OF DEATH

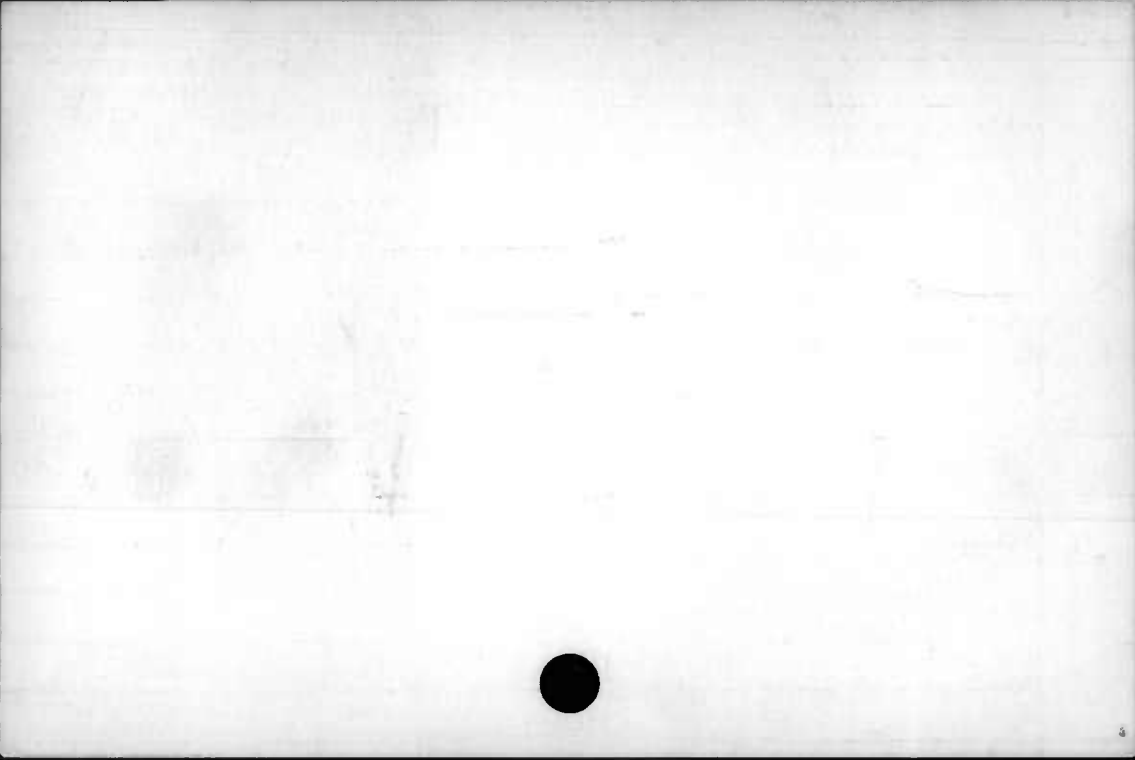
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|---|---------------|----------|------|
| Died at <i>Cumberland</i> Town | | <i>Allegheny</i> County | | MARYLAND | |
| Date of death <i>1905</i> | Month <i>June</i> | Day <i>2</i> | Age <i>30</i> | Months | Days |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Penna</i> | | | |
| Occupation | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband | | | | |
| Father's Name <i>J. S. Maxwell</i> | Father's Birthplace <i>Pitts Pa.</i> | | | | |
| Mother's Maiden Name <i>Mary E. Fairley</i> | Mother's Birthplace <i>Penna.</i> | | | | |
| Name of person giving Information <i>J. S. Maxwell</i> | How related to deceased <i>Father.</i> | | | | |

CAUSES OF DEATH

| | |
|---|--|
| Primary <i>Septic Peritonitis</i> | How long <i>10 days</i> |
| Immediate <i>by operation</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Thos. H. Brown, M.D.</i> |
| | Address <i>Cumberland</i> |
| <input checked="" type="radio"/> Accident or Suicide? | |

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs Phil Miller* Tcwn *allergany* County *allergany*

Died at *Cumt*

Date of death *1905* Month *June* Day *19* Age *28* Years Months Days

Sex *female* Color or Race *white* Birth-place *Cumtland*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Maure* *Kathron* *Hodder* Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information _____ How related to deceased _____

CAUSES OF DEATH

Primary *Chronic Pulmonary* How long *two years*

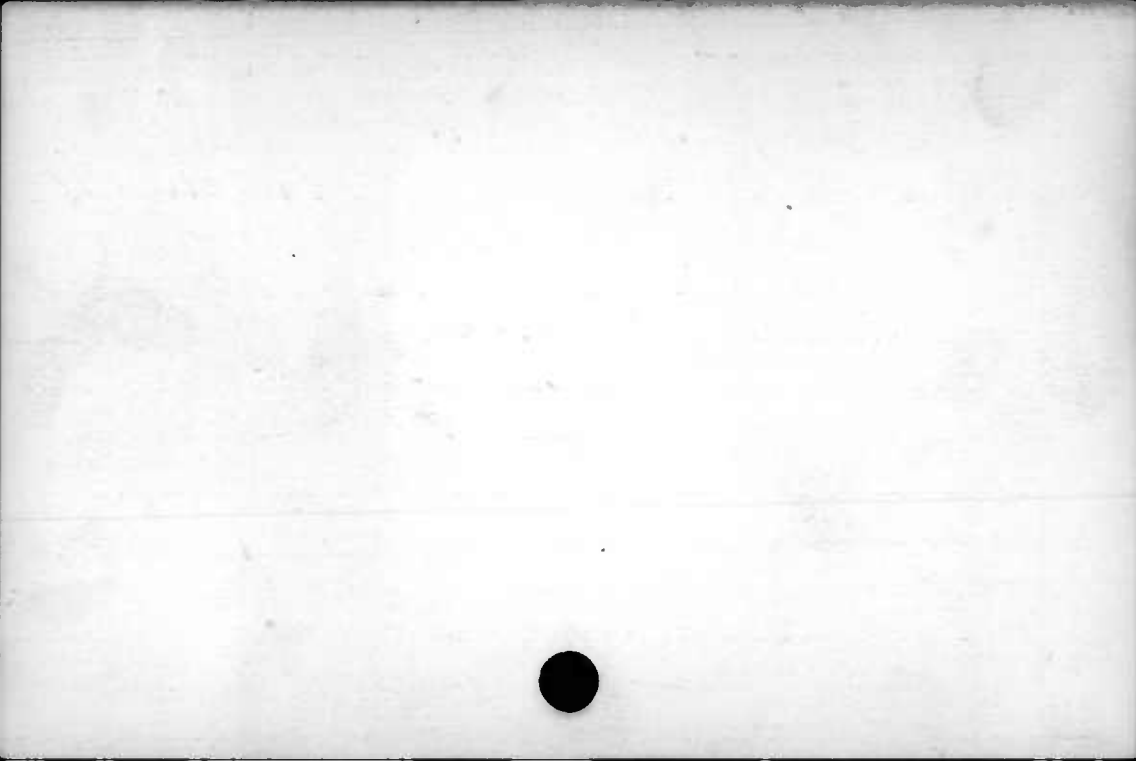
Immediate *Exhaustion* How long _____

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide? *no*



| | | | |
|---|--|--|---|
| Name in Full <i>Elizabeth Sarah Mitchell</i> | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Eckhart Mines</i> ^{Town} | | <i>Allegany</i> ^{County} |
| | Date of death 190 <i>5</i> ^{Month} <i>June</i> ^{Day} <i>28</i> | | Age <i>34</i> ^{Years} <i>10</i> ^{Months} <i>4</i> ^{Days} |
| | Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Allegany</i> |
| | Married, Single or Widowed <i>Single</i> | | Occupation <i>Seamstress</i> |
| | Name of Wife or Husband <i>Frederick Mitchell Jr.</i> | | |
| | Father's Name <i>Josiah M. Porter</i> | Father's Birthplace <i>Allegany Co. Md.</i> | |
| | Mother's Maiden Name <i>Mary Lewis</i> | Mother's Birthplace <i>Wales</i> | |
| Name of person giving Information <i>Fred. Mitchell Jr.</i> | | How related to deceased <i>Father-in-law</i> | |
| CAUSES OF DEATH | | | |
| PHYSICIAN OR CORONER | Primary <i>Tuberculosis of Stomach & bowels</i> | | How long <i>6 months</i> |
| | Immediate <i>X X X</i> | | How long <i>X</i> |
| | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>B. M. Cromwell - M.D.</i> |
| | | | Address <i>Eckhart Mines</i> |
| Accident or Suicide? | | <i>Not</i> | |

born

German Lutheran Cong

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|----------------------|------------------------------|------------------|-------------------|---------------------|
| Died at | | Town <i>Ekharl</i> | | County <i>Alleghany</i> | | MARYLAND | |
| Date of death | | 1905 | Month <i>June</i> | Day <i>26</i> | Age <i>32</i> | Years <i>6</i> | Months <i>19</i> |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Ekharl</i> | | | |
| Occupation <i>None</i> | | Where Residing if not at place of death <i>—</i> | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Andrew Nelson</i> | | Father's Birthplace <i>Scotland</i> | | | | | |
| Mother's Maiden Name <i>Jane Porter</i> | | Mother's Birthplace <i>Ekharl</i> | | | | | |
| Name of person giving information <i>Thos Phillips</i> | | How related to deceased <i>Brother-in-law</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

| | | |
|--|----------------------------|---|
| Primary | <i>Alcoholic poisoning</i> | How long <i>Several years</i> |
| Immediate | <i>Pulmonary abscess</i> | How long <i>1 month</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>J. C. Coby</i> |
| | | Address <i>Firthright</i> |
| Accident or Suicide? <i>No</i> | | |

16m

Postei Smorgard

Name
in
Full

Infant of Mrs. H. Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Tennantown Town

County

MARYLAND

Date

of death

1905

Month

June

Day

23

Years

Age

Premature

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Cumberland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John H. Norris

Father's
Birthplace

md

Mother's
Maiden Name

Metta M. Crawford

Mother's
Birthplace

md

Name of person giving
In formation

John Norris

How related
to deceased

Father

CAUSES OF DEATH

Primary

Lact-Throat

How long

Immediate

Abortion about 5 months

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. H. Norris
Cumberland

Accident or Suicide?

md

PHYSICIAN
OR CORONER



Name
in
Full

Michael J. Rounds

CERTIFICATE OF DEATH

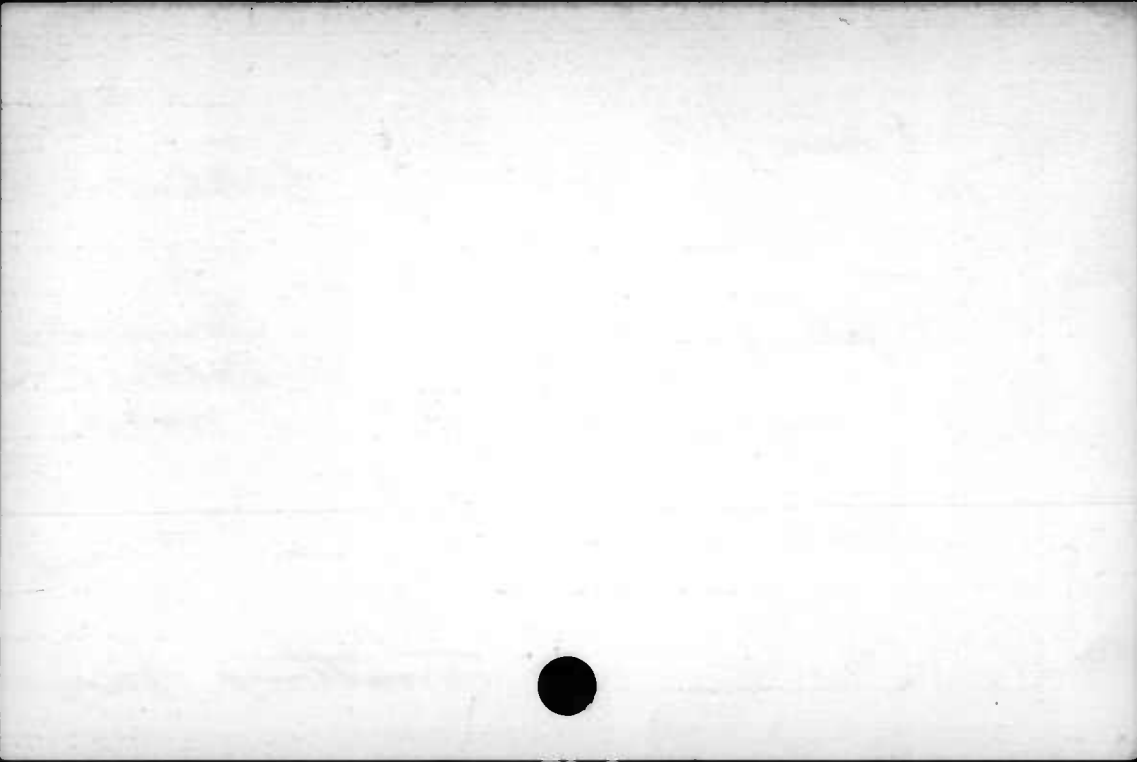
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|---|---|------------------|---------------|
| Died at <i>Elk north mines</i> ^{Town} | | <i>Alleghany</i> ^{County} | | MARYLAND | |
| Date of death <i>1905</i> | Month <i>June</i> | Day <i>2</i> | Age <i>70</i> | Months <i>XX</i> | Days <i>X</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Ireland</i> | | |
| Occupation <i>Laborer</i> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | Name of Wife or Husband <i>Aunt McCue</i> | | | |
| Father's Name <i>XXX</i> | | | Father's Birthplace <i>Ireland</i> | | |
| Mother's Maiden Name <i>XXX Gray</i> | | | Mother's Birthplace <i>Ireland</i> | | |
| Name of person giving information <i>Hugh F. O'Rourke</i> | | | How related to deceased <i>Son</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Paresis</i> | How long <i>3 months</i> |
| Immediate <i>Asthemia</i> | How long <i>10 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>B. M. Curran</i> |
| | Address <i>Elk north mines</i> |
| | <i>West</i> |
| Accident or Suicide? | |



Name
in
Full

Robert L. Payson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

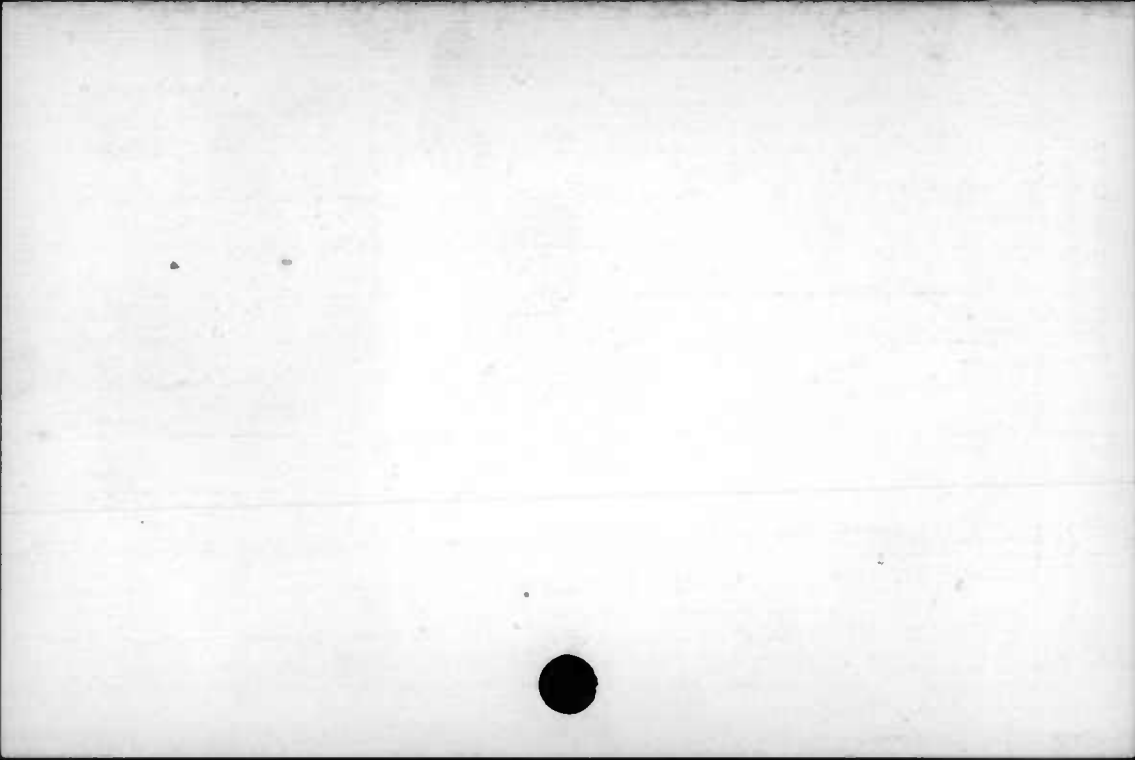
| | | | | | | | |
|-----------------------------------|--|-------------------------|-----|---|-------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1905 | | June | 24 | | | 6 | |
| Sex | | Color or Race | | Birth-place | | | |
| Male | | White | | Cmild. | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| | | | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Single | | | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| A. M. Payson | | W. Va. | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Helen Frantz | | N. Cmild. | | | | | |
| Name of person giving information | | How related to deceased | | | | | |
| A M Payson | | Father. | | | | | |

CAUSES OF DEATH

| | | | |
|--|-----------------|------------------------|-------------|
| Primary | Entero. colitis | How long | 3 or 4 days |
| Immediate | Exhaustion | How long | 24 hrs |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | O. H. Brace | |
| | | Address | |
| | | Branford | |
| Accident or Suicide? | | | |

PHYSICIAN
OR CORONER

1



Name
in
Full

William Patten

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---------------|------------------------------------|---|-------------------------|---------|
| Died at <i>Eckhart</i> <small>Town</small> | | <i>Alley</i> <small>County</small> | | MARYLAND | |
| Date of death | 1905 | June | 18 | Age | 8 |
| Sex | M | Color or Race | W | Birth-place | Eckhart |
| Occupation | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | |
| Father's Name | Joseph Patten | | | Father's Birthplace | Germany |
| Mother's Maiden Name | Entler | | | Mother's Birthplace | Eckhart |
| Name of person giving information | J. J. Saret | | | How related to deceased | None |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------|------------------------|---------------------------|
| Primary | <i>Acute nephritis</i> | How long | <i>19</i> |
| Immediate | | How long | <i>few days</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>J. G. Smith</i> |
| | | Address | <i>Terrellsburg, Ind.</i> |
| Accident or Suicide? | | | |

L. G. & U. and Co.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

Child of Mr William Preston

CERTIFICATE OF DEATH

| | | | | | |
|---|------------------|----------------------------|---|-------------|-----------------------|
| Died at ^{Town} Frostburg | | ^{County} Allegany | | MARYLAND | |
| Date of death 1905 | | Month 6 | Day 24 | Age Years 7 | Months 5 Days 5 hours |
| Sex M. | Color or Race W. | | Birth-place Md | | |
| Occupation | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | |
| Father's Name William Preston | | | Father's Birthplace Md | | |
| Mother's Maiden Name Sarah Carfield | | | Mother's Birthplace England | | |
| Name of person giving information William Preston | | | How related to deceased Father | | |

CAUSES OF DEATH

| | | |
|--|-----------|------------------------------------|
| Primary | Premature | How long 15 months |
| Immediate | | How long |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician Dr W M Lane |
| | | Address Frostburg Md |
| Accident or Suicide? | | |

gum

| | | | | | | | |
|--------------------------------------|------------------|----------------------------|--|-----------------|--------|----------------------------|----------|
| Name in Full | | Alexander Reckner | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town | | County | | MARYLAND |
| | Frostburg | | Alley | | | | |
| | Date of death | Month | Day | Age | Years | Months | Days |
| | 1905 June | | 21 | | 68 | | |
| | Sex | Color or Race | | Birth- place | | | |
| | M. | | W | | Md. | | |
| | Occupation | | Where Residing if not at place of death | | | | |
| Corporator | | | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Sarah Wright | | | | | | | |
| Father's Name | | Wm Reckner | | | | Father's Birthplace | |
| Mother's Maiden Name | | | | | | Mother's Birthplace | |
| Name of person giving Information | | | | | | How related to deceased | |
| | | | | | | | |

| | | | | | |
|-------------------------|---|--|---------------------------|--------------|-------------|
| | | CAUSES OF DEATH | | | |
| PHYSICIAN OR CORONER | Primary | Suffered for a week with acute gastritis | | How long | |
| | one week | | | | |
| | Immediate | Apoplexy | | How long | |
| | few minutes | | | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | J. Griffith |
| | | Address | | Frostburg Md | |
| Accident or Suicide? | | | | | |

J. J. Under

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cumtland* Town *Reeder* County

Date of death *1905* Month *June* Day *11* Age *0* Years Months *0* Days *1*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

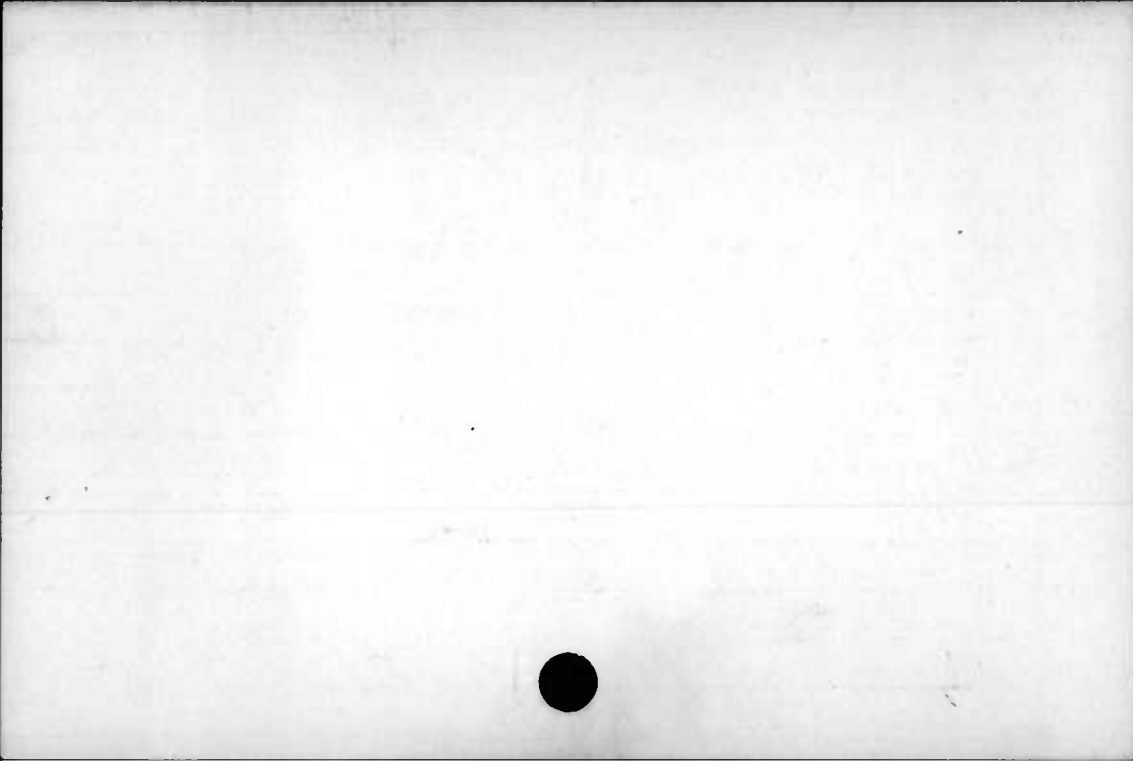
Father's Name *Jno B. Reeder* Father's Birthplace *Md*

Mother's Maiden Name *Rosa E. Shivers* Mother's Birthplace *Md*

Name of person giving information *Father* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Weakness due to difficult Labor* How long *—*Immediate *Exhaustion* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Geo. L. Broadnutt*Address *Cumtland*Accident or Suicide? *—*



Name
in
Full

Fred Rhodes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|----------------------------|------------------|----------------------------|--|--------------------------|------|
| Died at | | Town CUMBERLAND. | | County ALLEGANY. | | State MARYLAND | |
| Date of death | 190 | Month <i>June</i> | Day <i>20</i> | Age <i>70</i> | Years | Months | Days |
| Sex <i>Male</i> | Color or Race <i>Colored</i> | | Birth- place | | | | |
| Occupation <i>Hotel Keeper</i> | Where Residing if not at place of death | | | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband | | | | | | |
| Father's Name | | | | | Father's Birthplace | | |
| Mother's Maiden Name | | | | | Mother's Birthplace | | |
| Name of person giving information <i>Edward Rhodes</i> | | | | | How related to deceased <i>Son</i> | | |

CAUSES OF DEATH

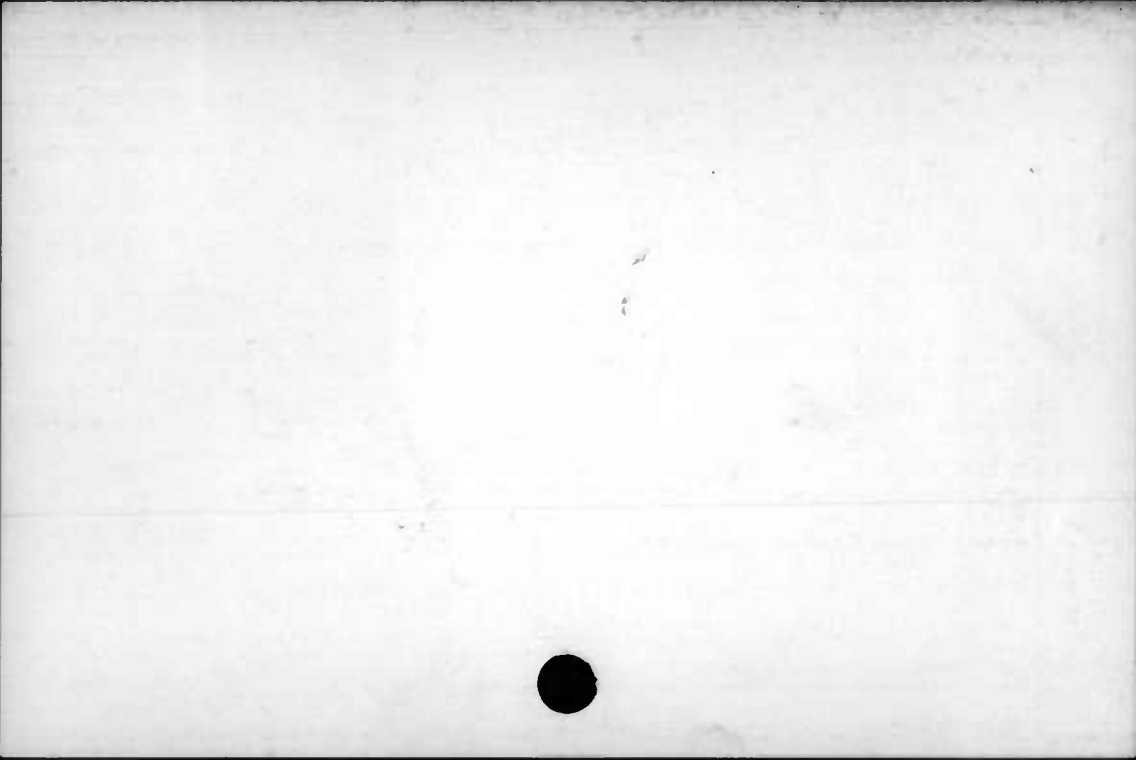
| | | | |
|---|-----------------------|------------|--------------|
| Primary | <i>Exhaustion</i> | How long | <i>6 mo.</i> |
| Immediate | <i>Cardiac Dropsy</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | <i>Yes</i> | |

Signature of
Physician

Address

Dr. Spurgeon Sparks
Liberty St

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cumberland*

Town

County

Date

of death *1905*

Month

June

Day

2

Years

Age

21

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place

Occupation

*Electrician*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*William H. Robinette*Father's
BirthplaceMother's
Maiden Name*B. E. Robinette*Mother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Phthisis

How long

Since Jan 05

Immediate

Exhaustion

How long

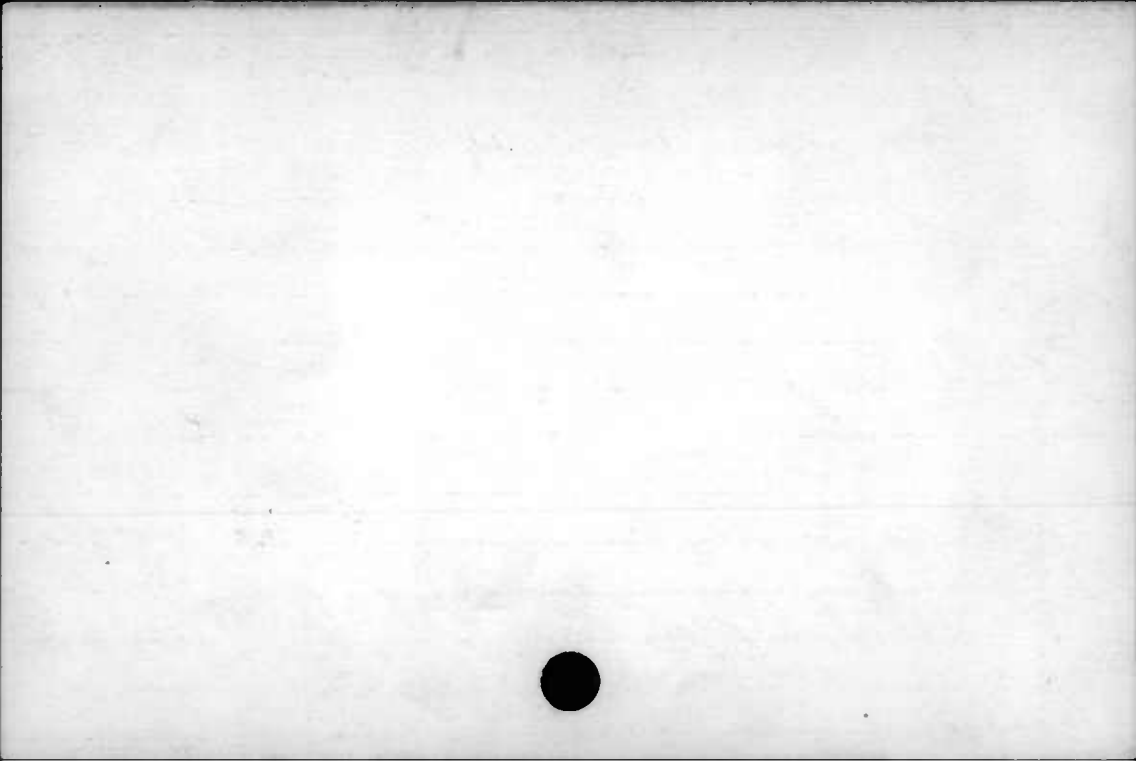
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*G. L. Carver
Cumberland
Md*

Accident or Suicide?

no, for 6 weeks



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jacob Russell* Town *Baltimore* County *Harford*

Died at *Baltimore*

Date of death 190 *0* Month *6* Day *20* Age *55* Years Months *—* Days *—*

Sex *Male* Color or Race *Black* Birth-place *MD*

Married, Single or Widowed *Single* Occupation *Lab*

Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Dr. F. T. Torga* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OF CORONER

Primary *Organic Heart Disease* How long *5 or 6 months*

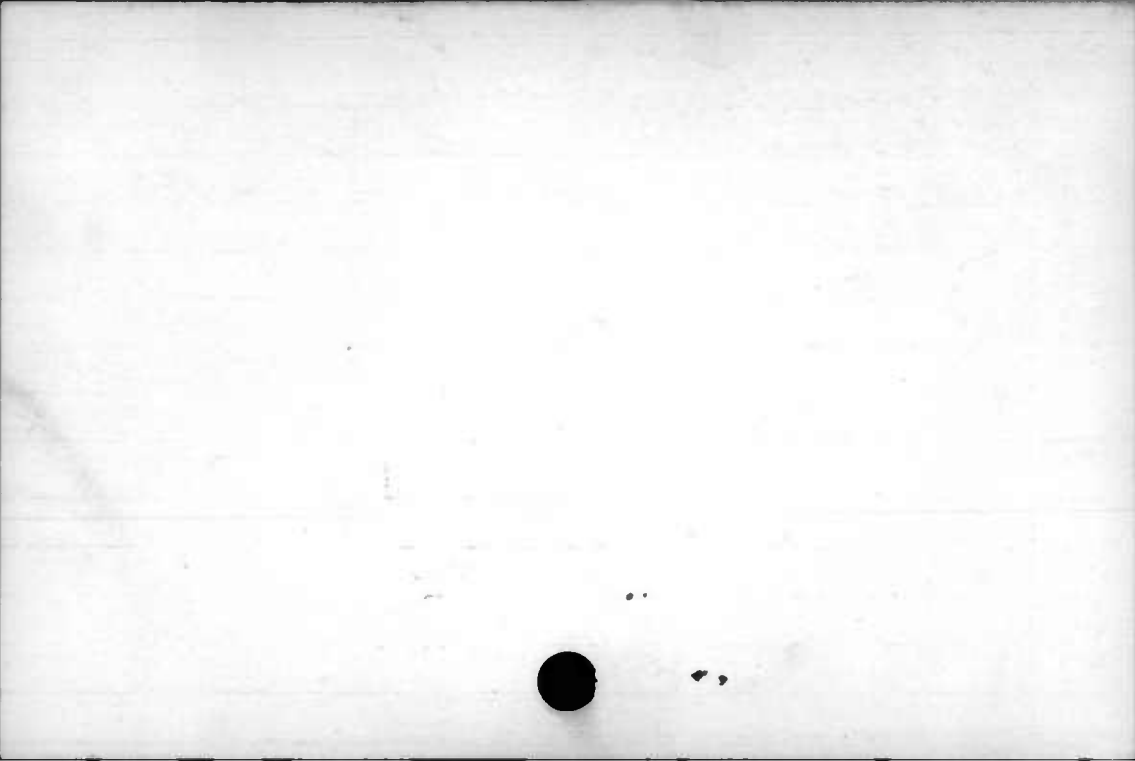
Immediate *Exhaustion* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. F. T. Torga*

Address *Baltimore*

Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph C Sanders

MARYLAND

Died at *Bum-b-d*

Town

Alley

County

Date of death *1905 June*

Month

Day

Age

Years

Months

Days

Sex *male*Color or
Race*White*Birth-
place*Bum-b-d*

Occupation

*Clerk*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Kellie*Father's
NameFather's
BirthplaceMother's
Maiden Name*Mary Sanders*Mother's
Birthplace*Germany*Name of person giving
In formation*E J Sanders*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

*Tuberculosis
Exhaustion*

How long

Two years

Immediate

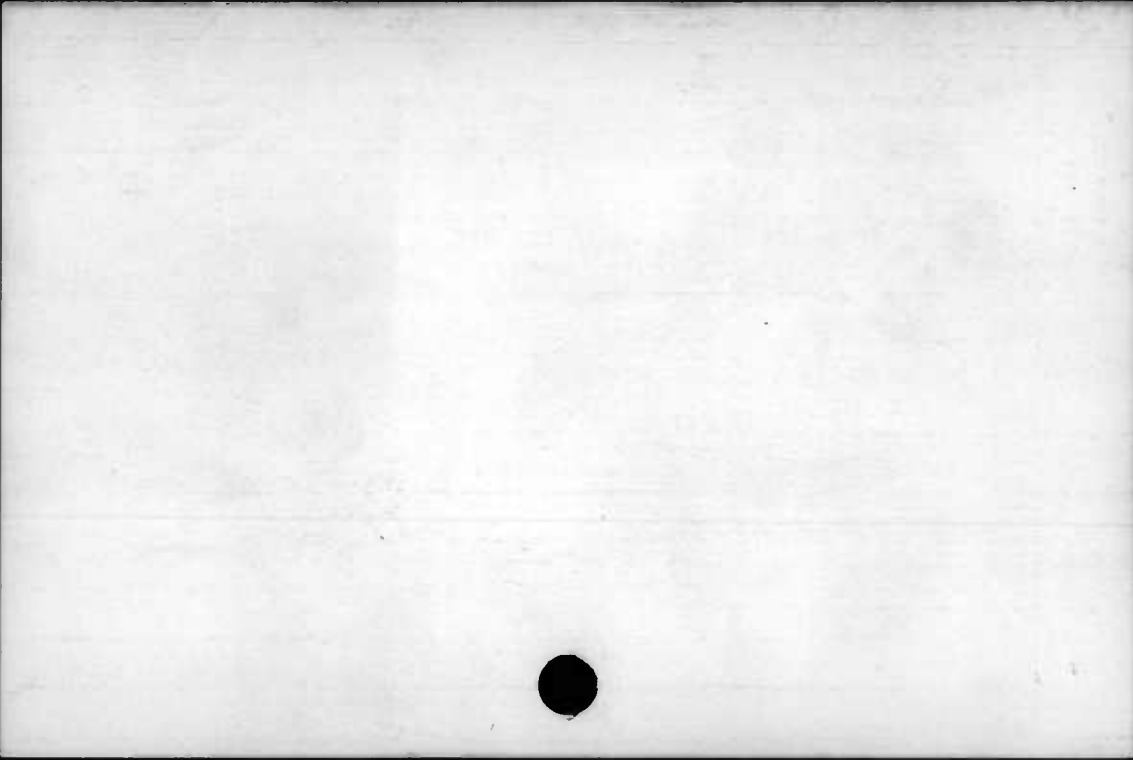
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. J. Sanders

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Richard Sanders

CERTIFICATE OF DEATH

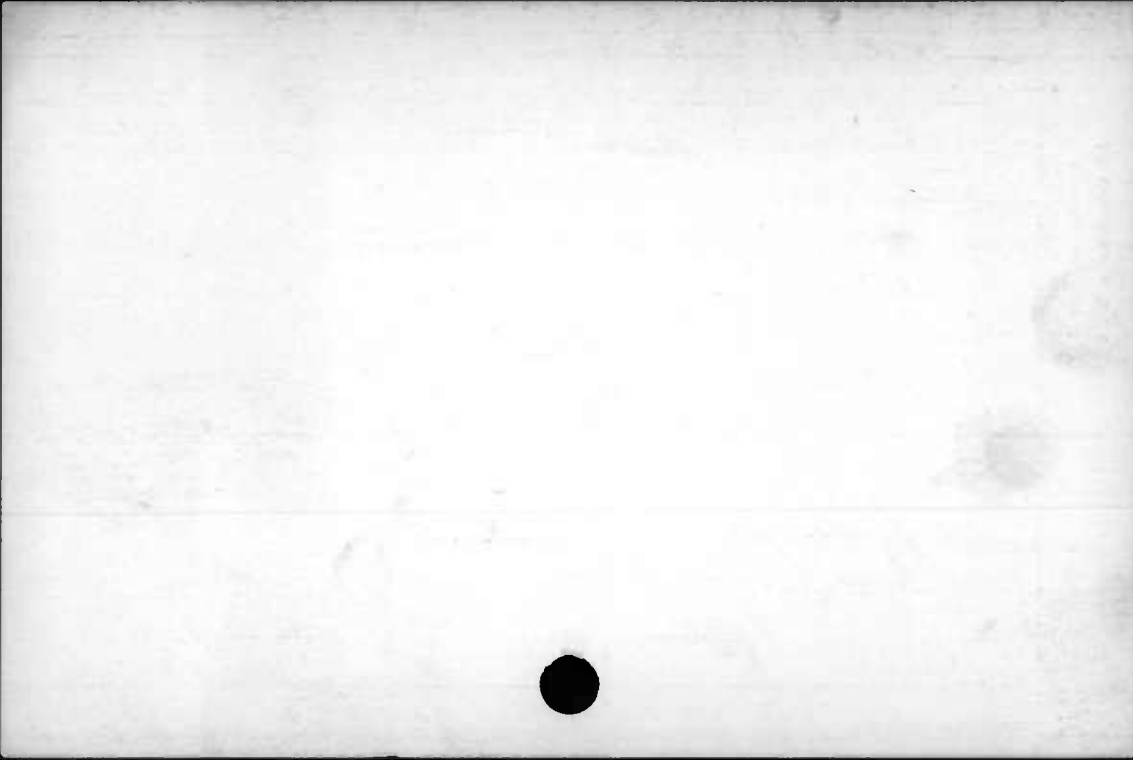
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|------------------------------------|------|----------------------------|---------------|---|-------------|
| Died at ^{Town} Cumberland | | ^{County} Allegany | | MARYLAND | |
| Date of death | 1905 | Month | June | Day | 4 |
| Age | | Years | 2 | Months | 9 |
| Sex | | Male | Color or Race | Colored | Birth place |
| Occupation | | Child | | Where Residing if not at place of death | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband | |
| Father's Name | | Richard Sanders | | Father's Birthplace | |
| Mother's Maiden Name | | Annie | | Mother's Birthplace | |
| Name of person giving information | | George Bailey | | How related to deceased | |
| | | | | Guardian | |

CAUSES OF DEATH

| | | | |
|--|----------------------|---------------|---------------|
| Primary | Tuberculosis-general | How long | 4 months |
| Immediate | Exhaustion | How long | Several weeks |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | E. J. Gipe | |
| Address | | Cumberland Md | |
| Accident or Suicide? | | | |

PHYSICIAN
CORONER



Name
in
Full

Christina K Shertzer

CERTIFICATE OF DEATH

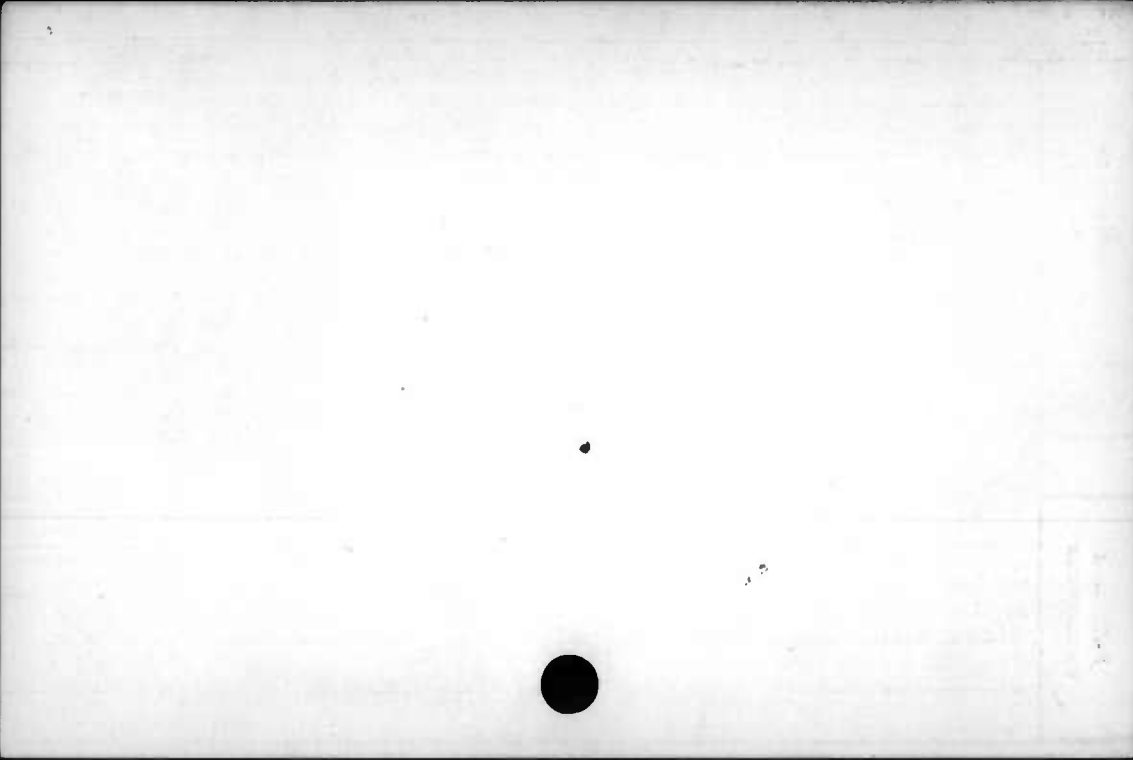
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|--|---|-----------------|---------------|
| Died at <i>Brunswick</i> | | County <i>Alleg</i> | | MARYLAND | |
| Date of death <i>1905</i> | Month <i>June</i> | Day <i>2</i> | Age <i>33</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Brunswick</i> | | |
| Occupation <i>—</i> | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name | | | Father's Birthplace | | |
| Mother's Maiden Name <i>Margaret Shertzer</i> | | | Mother's Birthplace <i>Germany</i> | | |
| Name of person giving Information <i>Michael Shertzer</i> | | | How related to deceased <i>Brothers</i> | | |

CAUSES OF DEATH

| | |
|---|--|
| Primary <i>Epilepsy</i> | How long <i>1 yr</i> |
| Immediate <i>Exhaustion</i> | How long <i>1</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>W. F. Turgg.</i> |
| | Address <i>Brunswick</i> |
| Accident or Suicide? <i>—</i> | <i>W. F. Turgg.</i> |

PHYSICIAN
OR CORONER
1



Name
in
Full

Mary Dick Stewart

CERTIFICATE OF DEATH

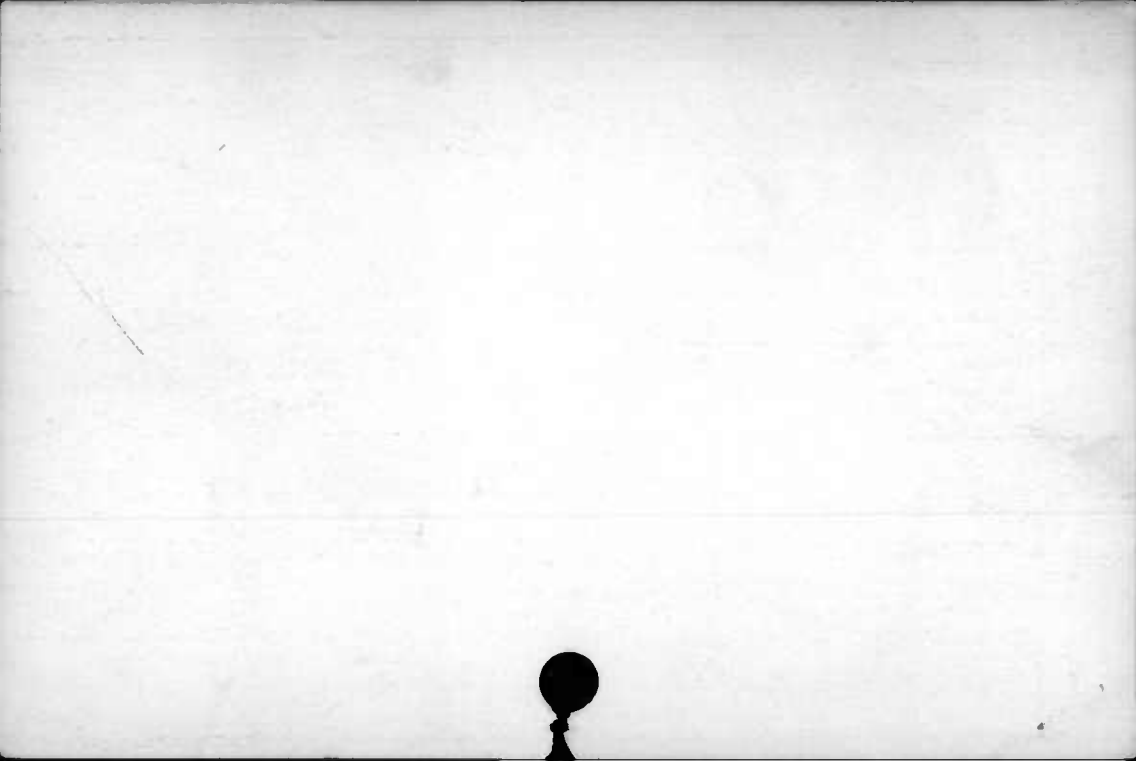
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-----------------------|--|-------------------------|-----------------------------|-----------------------|----------|----|
| Died at <i>Lonaconing</i> | | Town <i>Lonaconing</i> | | County <i>Allegany</i> | | MARYLAND | |
| Date of death | 1905 | Month | June | Day | 30 | Age | 36 |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Scotland</i> | | Months | 3 |
| Days | | 30 | | | | | |
| Occupation <i>House wife</i> | | Where Residing if not at place of death <i>Lonaconing Md</i> | | | | | |
| Married, Single or Widowed | <i>Married</i> | | Name of Wife or Husband | | <i>Ronald Stewart</i> | | |
| Father's Name | <i>Thomas Dick</i> | | Father's Birthplace | | <i>Scotland</i> | | |
| Mother's Maiden Name | <i>Jane Stevenson</i> | | Mother's Birthplace | | <i>Scotland</i> | | |
| Name of person giving information | <i>Roland Stewart</i> | | How related to deceased | | <i>Husband</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------------|------------------------|---|
| Primary | <i>Melancholia</i> | How long | <i>2 weeks</i> |
| Immediate | <i>Suicide by drowning</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>E. J. Murphy J.P.</i> |
| | | Address | <i>Acting Colonel Lonaconing Md</i> |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

| | | | | | | | |
|---|--------------|---------------------------|----------------------------|--|-------------|----------------------------|----------|
| Name in Full John N. Snyder | | Town Cumberland | | County Allegheny | | | |
| Died at | | | | | | | |
| Date of death | 1905 | Month June | Day 30 | Age | Years 58 | Months | Days |
| Sex | male | | Color or Race | white | | Birth- place | Germany |
| Occupation | Baker | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | widower | | Name of Wife or Husband | Maggie Lamow | | | |
| Father's Name | Do not know | | | | | Father's Birthplace | Germany |
| Mother's Maiden Name | Do not know | | | | | Mother's Birthplace | Germany |
| Name of person giving Information | Annie Snyder | | | | | How related to deceased | Daughter |

CAUSES OF DEATH

Primary

Accidental (Carbolic Acid)

How long

Result of above

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

E. J. Duke M.D.

Cumberland Md

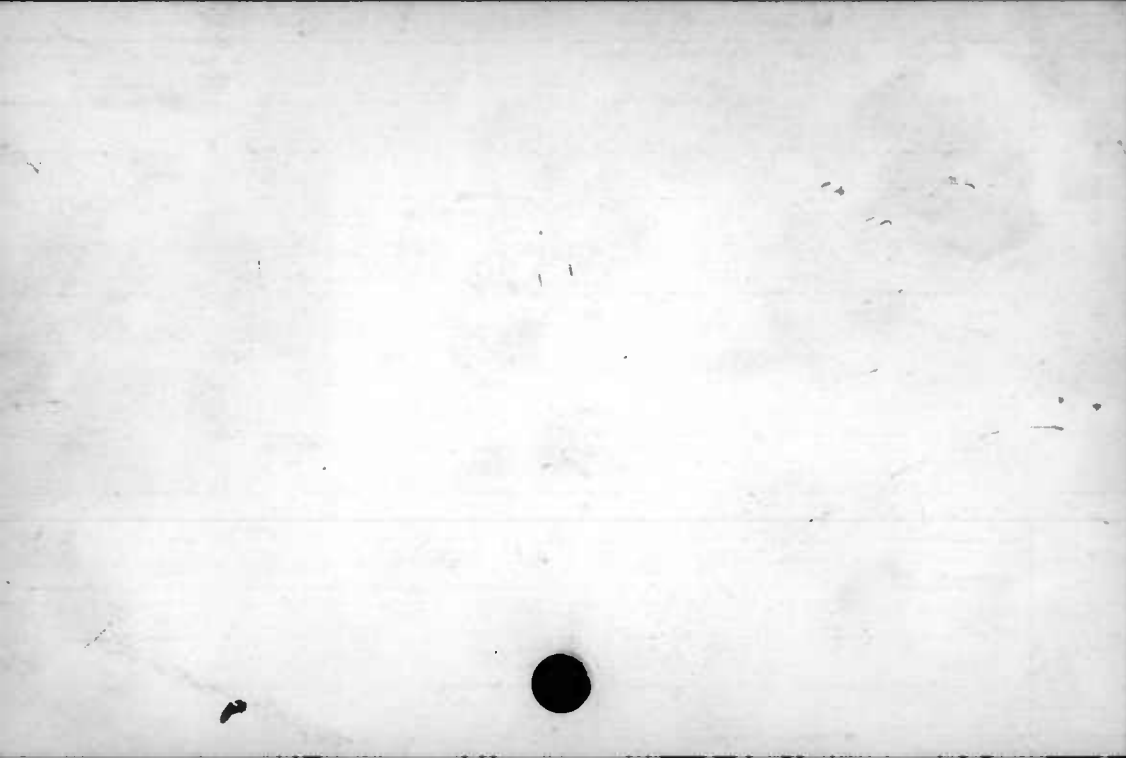
Jenniss O'Neill Coroner

Accident ~~1~~ Suicide 2

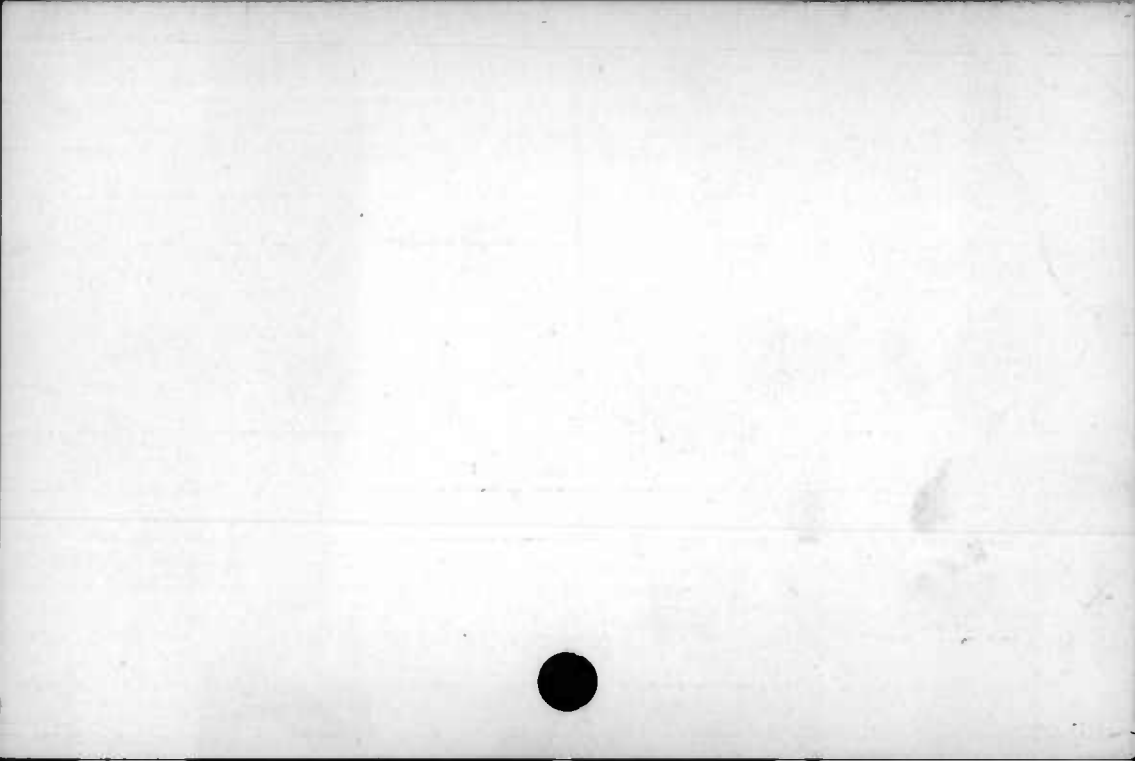
yes

PHYSICIAN
OR CORONER

1



| Name in Full | | Town | | | | County | | CERTIFICATE OF DEATH | | |
|-------------------------------------|--|--|--|----------------|-------|---|-----|----------------------|-----|-------|
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | | | | | MARYLAND | | |
| | | Date of death | | 1905 | Month | June | Day | 1 | Age | Years |
| | | Sex | | Male | | Color or Race | | White | | |
| | | Occupation | | | | Birth-place | | Md | | |
| | | | | | | Where Residing if not at place of death | | | | |
| | | Married, Single or Widowed | | | | Name of Wife or Husband | | | | |
| | | Father's Name | | Chas B Switzer | | | | Father's Birthplace | | Pa |
| Mother's Maiden Name | | Alice J Smith | | | | Mother's Birthplace | | Pa | | |
| Name of person giving information | | | | | | How related to deceased | | | | |
| CAUSES OF DEATH | | | | | | | | | | |
| PHYSICIAN OR CORONER | | Primary | | Stillborn | | How long | | S | | |
| | | Immediate | | | | How long | | | | |
| | | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | Geo. H. Broadbent | | |
| | | | | | | Address | | Cecumbland Md | | |
| Accident or Suicide? | | No | | | | | | Md | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Howard E Twigg - Infant

MARYLAND

Died at ^{Town} Red Hill^{County} Allega

Date of death 1905 June

Day 2

Age 1 Years

Months 2

Days

Sex M

Color or Race

white

Birth-place

Brownsville Pa

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Howard A B Twigg

Father's Birthplace

Allega Col Md

Mother's Maiden Name

Jennifer McCready

Mother's Birthplace

" "

Name of person giving information

J H Ellwood

How related to deceased

CAUSES OF DEATH

Primary

Cold

How long

10 days

Immediate

How long

4

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J H Ellwood M.D.

Accident or Suicide?

PHYSICIAN
OR CORONER

1

Wm

Porter Greenwood

Eckhart

Name
in
Full

Elizabeth M. Mumbull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|------------------------|--|-------------------------|--------------------|--------|----------|------|
| Died at | | Town Lancaster | | County Alligany | | MARYLAND | |
| Date of death | | Month June | Day 19 | Years 20 | Months | | Days |
| Sex Female | Color or Race White | | Birth-place Pekin Md | | | | |
| Occupation Seamstress (Apprentice) | | Where Residing if not at place of death — | | | | | |
| Married, Single or Widowed Single | | Name of Wife or Husband — | | | | | |
| Father's Name Thomas Mumbull | | Father's Birthplace Scotland | | | | | |
| Mother's Maiden Name Sarah Thomas | | Mother's Birthplace Annetown | | | | | |
| Name of person giving information Mrs. M. Mumbull | | How related to deceased Mother | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------|----------------|----------|
| Primary | Pulmonary Tuberculosis | How long | 8 months |
| Immediate | Aspiration | How long | 3 months |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | W. D. Skilling | |
| Address | | Lancaster | |
| Accident or Suicide? | | No | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Elizabeth A Minnow* County *Allegheny* State *MARYLAND*

Died at *Cumberland*

Date of death | 90 *5* Month *6* Day *28* Age *65 1/2 (65)* Months *10* Days *0*

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *Housekeeper* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *William Minnow*

Father's Name *James Ferrall* Father's Birthplace *Pa*

Mother's Maiden Name *Fancy Arnold* Mother's Birthplace *Pa*

Name of person giving information *Mr Howell* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cancer of 76 years* How long *Do not know*

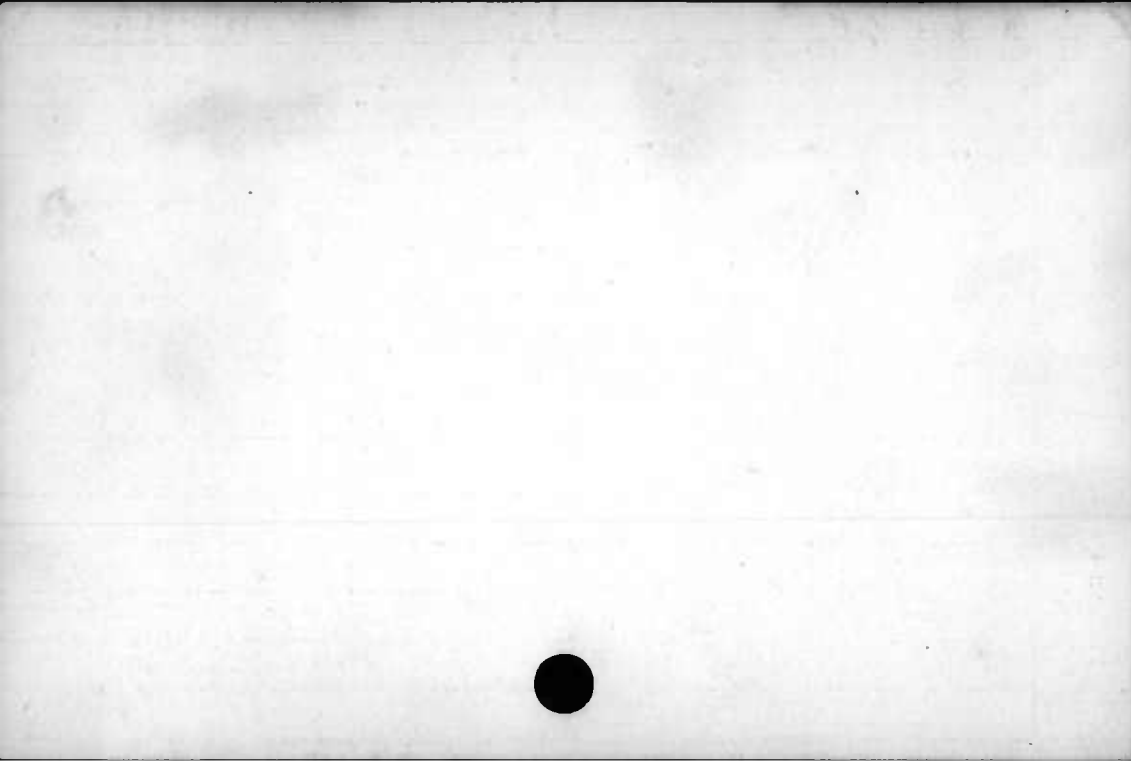
Immediate *Exhaustion* How long *2 mos*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W F Twigg*

Address *Cumberland*

Accident or Suicide? ☐



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Crown

Town

County

Alle

Date

of death 1905

Month

June

Day

6

Years

Age

-

Months

-

Days

1

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Geo E Wilson

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Shriver

Mother's
Birthplace

Md

Name of person giving
Information

Geo E Wilson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature

How long

7 m

Immediate

Heart

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Dr Ed Harris

Address

Baltimore

Accident or Suicide?

Harris

142 Columbia St